



# TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

26-02

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 12 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course. Course only requirements must be completed within 12 months of the start of the course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

\*Current USPA Instructors need not meet starred requirements.

## USPA TANDEM INSTRUCTOR RATING APPLICATION

☐ Update My Address

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ USPA #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Mailing Address \_\_\_\_\_

Add'l. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Weekday Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F Occupation: \_\_\_\_\_  
M D Y

License Number: \_\_\_\_\_ (USPA D License or higher) FAA Medical Exp. Date: \_\_\_\_\_ (include copy of medical with this application)

Total Freefall Time: \_\_\_\_\_ Total Sport Jumps: \_\_\_\_\_ (minimum 500 required)

*I understand that I am responsible for maintaining my privacy settings in my USPA account at [uspa.org/me](https://uspa.org/me).  
These settings may affect the display of my information in Parachutist or on [uspa.org](https://uspa.org). (See [uspa.org/Privacy](https://uspa.org/Privacy) for more information.)*

Applicant's Signature (for future authentication purposes): \_\_\_\_\_

**I CERTIFY THAT** \_\_\_\_\_ **HAS:**  
name of candidate

### PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

1. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Examination.

\_\_\_\_\_  
Course examiner signature Membership # Date

2. Has a minimum of 3 years of experience, logged 500 jumps on a ram-air canopy, holds or has held any USPA instructional rating and issued a USPA D license.

\_\_\_\_\_  
Course examiner signature Membership # Date

3. Current FAA class 3 medical certificate or equivalent acceptable to USPA. (submitted with proficiency card or online to USPA headquarters)

\_\_\_\_\_  
Course examiner signature Membership # Date

### FIRST JUMP COURSE TRAINING

4. Assisted in solo AFF, SL, IAD or solo student transition first jump course.

\_\_\_\_\_  
USPA Instructor signature Membership # Date

\_\_\_\_\_  
USPA Instructor signature Membership # Date

### TANDEM INSTRUCTOR ISP TRAINING (IAD AND STATIC-LINE PROGRESSION)

5. \*Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

\_\_\_\_\_  
USPA Instructor signature Membership # Date

6. \*Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

\_\_\_\_\_  
USPA Instructor signature Membership # Date

**\$72 RATING FEE:** ☐ Paid by candidate with application ☐ Returned with After-Action Report

☐ I authorize my card on file at [uspa.org/me](https://uspa.org/me) to be used for this purchase.

Page 2 **CANDIDATE NAME** \_\_\_\_\_

**Member #** \_\_\_\_\_

7. \*Taught ISP lessons on FJC Categories C through E, including spotting and aircraft lessons. **Initials:**

Cat C \_\_\_\_\_ (initials)

Cat D \_\_\_\_\_ (initials)

Cat E \_\_\_\_\_ (initials)

\_\_\_\_\_  
Instructor signature                      Membership #                      Date

8. \*Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

\_\_\_\_\_  
Evaluator signature                      Membership #                      Date

#### **TANDEM INSTRUCTOR ISP TRAINING (TANDEM PROGRESSION)**

9. \*Successful completion of two ISP ground training for Category A, to include full debrief of the ride to altitude, jump, landing and logbook entry.

\_\_\_\_\_  
Evaluator signature                      Membership #                      Date

\_\_\_\_\_  
Evaluator signature                      Membership #                      Date

10. \*Successful completion of two ISP ground training for Category B, to include full debrief of the ride to altitude, jump, landing and logbook entry.

\_\_\_\_\_  
Evaluator signature                      Membership #                      Date

\_\_\_\_\_  
Evaluator signature                      Membership #                      Date

#### **TANDEM EVALUATION PHASES (JUMPS NOT REQUIRED FOR CROSSOVER TRAINING)**

11. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

\_\_\_\_\_  
Evaluator signature                      Membership #                      Date

12. Demonstrated the correct response to each emergency procedure while harnessed together with a stand-in student using a practice harness or an actual tandem container rigged with auxiliary handles for the drogue release and emergency handles.

\_\_\_\_\_  
Course examiner signature                      Membership #                      Date

13. Successful completion of the manufacturer phase one under a manufacturer-rated examiner.

\_\_\_\_\_  
Tandem equipment used for rating

\_\_\_\_\_  
Course examiner signature

\_\_\_\_\_  
USPA membership #                      Date

14. Successful completion of manufacturer phase two, when applicable, monitored and verified by a manufacturer-rated examiner.

\_\_\_\_\_  
Course examiner signature                      Membership #                      Date

#### **USPA TANDEM RATING COURSE**

15. Participated in all portions of the USPA Tandem Instructor Rating Course and has completed 10 successful tandem jumps.

\_\_\_\_\_  
Course examiner signature                      Membership #                      Date

#### **RATING RECOMMENDATION**

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. They have demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPA A license.

\_\_\_\_\_  
**USPA Tandem Examiner name and Member #**

\_\_\_\_\_  
**USPA Tandem Examiner signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dropzone

**THIS FORM MUST BE SUBMITTED TO USPA BY AN EXAMINER (SEE IRM 1-3).**