



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: _____ / _____ / _____
M D Y Sex: M F Occupation: _____

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. These settings may affect the display of my information in Parachutist or on uspa.org. (See 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 to be used for this purchase.

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).