UNITED STATES PARACHUTE ASSOCIATION® U.S. STATE AND NATIONAL RECORD REPORTING FORM

Today's date: Date USPA	notified:Date of Record	Date of Record Performance:		
Place of Record Performance:	Type of aircraft:			
Record Holder's First Name: (Attach list if multiple names)	Last Name:	USPA#:		
Record Zone USPA National USPA Open National State Record Details (Check Appropriate Box		Record Category General Female Night Collegiate		
Competition Records (G-1)	Collegiate Competition Records (G-			
Canopy Piloting Fastest Speed (Carved 70m) Greatest Distance (Drag 50m) Formation Skydiving 4-way -Longest Sequence 4-way -Highest Average 8-way -Longest Sequence 16-way -Highest Average 16-way -Highest Average 16-way -Highest Average 2-way MFS -Longest Sequence 2-way MFS -Longest Sequence 12-way VFS -Highest Average 10-way VFS -Highest Average 4-way VFS -Highest Average 10-way Fastest Time Speed Skydiving Fastest Speed Highest Overall Average Wingsuit Flying Fastest Speed Greatest Distance Longest Time Longest Sequence (Acrobatic) Accuracy Landing Lowest Score after 10 rounds Lowest Score after 8 rounds (Team) Canopy Formation 2-way Sequential -Longest Sequence 2-way Sequential -Highest Average 4-way Rotations -Most Formations 4-way Rotations -Highest Average 4-way Sequential -Longest Sequence 4-way Sequential -Longest Sequence	Formation Skydiving 2-way -Longest Sequence 2-way -Highest Average 4-way -Highest Average 2-way VFS -Longest Sequence 2-way VFS -Highest Average 6-way Fastest Time Sport Accuracy Lowest Score after 4 rounds Lowest Score after 3 rounds (Team)	Absolute Records ☐ Highest Exit Altitude ☐ Greatest Freefall Distance ☐ Fastest Freefall Speed ☐ Fastest Drogue-fall Speed ☐ Most Lifetime Jumps (National Record only) ☐ Most Jumps in 24 Hours Sport Accuracy ☐ Consecutive Dead Centers (followed by a miss) Wingsuit Flying ☐ Large Formation (No Grip) ☐ Large Formation (Grip) ☐ Greatest Distance ☐ Longest Time Formation Skydiving ☐ Large Formation ☐ Head-down Large Formation ☐ Head-down Sequential Large Formation ☐ Head-down Sequential Large Formation ☐ Head-up Sequential Large Formation ☐ Head-up Sequential Large Formation ☐ Head-up Sequential Large Formation ☐ Horeak Sequential Large Formation ☐ Full-break Sequential Large Formation ☐ Large Formation ☐ Large Formation ☐ Sequential Large Formation ☐ Full-break Sequential Large Formation		
Record Performance (e.g., 4-way, 23-point	s, etc):			

Record Participant List

Visit https://uspa.org/Competition/Lookup-Competitors-Participants and provide XLS file, or attach via separate page. Must include name(s) of participant(s), gender(s), USPA (or other country's) membership number and date of expiration. Please note, this link is only accessible to Official Observers (See SCM 3, 2.9).

Certification

Note: At least two certifying officials are required for a state record, and at least three certifying officials for a national record. Discipline-specific records require a judge rated in that discipline; however, a second judge, one not discipline-rated, can serve as the second authorized official. See SCM 3, 2.9 for a more complete explanation. FAA-rated pilots may ONLY certify exit altitude and most jumps in a 24-hour period record claims. For large formation records, a plan of the jump and list of participants must be submitted to the observing judge before the jump; the formation must be completed as planned.

We, the undersigned, certify the claimed record performance. The attempt was made in accordance with the regulations and rules of the USPA Skydiver's Competition Manual. A jump plan and video/photographic evidence of the jump, as required, has been provided and verified.

Names & sig	natures (of rated judg	e(s); S&TA	A, USPA Board member or	staff member; FAA-rated pilot (as authorized):	
		or official desi				
Signature						
		 (or official desi				
Signature						
		(or official desi				
 Signature						
State		National		Record Certificates	Send Record Certificate(s) to:	
Individual	Team	Individual	Team	Per Certificate	Name	
\$50 \$100 \$100 \$200 \$10 National Record Specify State:					Address	
Record Certificates:						
Total Fee:					City	
Check: Check amount:Check number:			heck nu	mber:	State: Zip:	
Credit: □ Vi	sa 🗆	MasterCard	□ Dis	cover	540) 604-9740 ext 332 to provide payment after submission.	