



Military Transition Proficiency Card

United States Parachute Association®

ACADEMICS/KNOWLEDGE

- Review USPA BSR's and FAR's part 105,61.125-.133 _____ (I/C) _____ (date)
- Obtain winds aloft and calculate opening point and select the spot _____ (I/C) _____ (date)
- Explain how to intergrate into a landing pattern with various size canopies, pick out possible wind direction indicators and use them to illustrate a landing pattern _____ (I/C) _____ (date)
- Review SIM section 5-3.B and calculate wing loading _____ (I/C) _____ (date)
- Explain aircraft enter and exit order with respect to different disciplines _____ (I/C) _____ (date)
- Explain aircraft emergency exit altitudes and procedures (when to stay with the aircraft, exit on reserve and exit on main) _____ (I/C) _____ (date)

IN-AIR SKILLS

- Demonstrate proper poised and diving door exits _____ (I/C) _____ (date)
- Spotting- assisted and unassisted with supervision (use SPACE acronym= Skydivers/Planes/Airport/Clear of Clouds/Exit Light) _____ (I/C) _____ (date)
- Barrel Rolls _____ (I/C) _____ (date)
- Backloop _____ (I/C) _____ (date)
- Frontloop _____ (I/C) _____ (date)
- Clear and pull at 3,500 ft. AGL _____ (I/C) _____ (date)
- Poised exit, initial dock and forward movement to redock with 10' of separation, breakoff without prompting at the assigned altitude and track 100' within 10 degrees of initial heading _____ (I/C) _____ (date)
- Diving exit, initial dock and fall rate adjustment to redock with 10' of separation, breakoff without prompting at the assigned altitude and track 100' within 10 degrees of initial heading _____ (I/C) _____ (date)
- Diving exit, swoop and dock with minimal assistance, breakoff without prompting at the assigned altitude and track 100' within 10 degrees of initial heading _____ (I/C) _____ (date)

PAYMENT

\$ _____ License Fee (\$43)
 \$ _____ Expedite with email confirmation (add \$20)
 \$ _____ Total

I authorize my card on file at uspa.org/me to be used for this purchase.

X _____ Card Holder Signature

Submit via:
 Mail: USPA, 5401 Southpoint Centre Blvd. Fredericksburg, VA 22407. (Do not send original, please send photocopy.)
 Email: membership@uspa.org
 Fax: (540) 604-9741 (Please call (540) 604-9740 to confirm transmission was received and legible.)

GROUND SKILLS

- Perform a sport parachute system inspection and explain the function of main components (proper fit/ 3-rings assembly/RSL/Pilot Chute cocking/AAD/reserve pin, closing loop and rigger seal/Main closing loop) _____ (I/C) _____ (date)
- Dis-assemble/re-assemble a 3-ring assembly _____ (I/C) _____ (date)
- Operate an AAD (turn on/turn off/adjust) _____ (I/C) _____ (date)
- Pack with and without assistance _____ (I/C) _____ (date)
- Demonstrate gear check on another skydiver _____ (I/C) _____ (date)
- Demonstrate operation of the aircraft's seatbelts and jump door _____ (I/C) _____ (date)
- Demonstrate emergency procedures for all freefall emergencies and canopy malfunctions in accordance with USPA guidance _____ (I/C) _____ (date)

CANOPY SKILLS

- 90 degree rear riser turns with brakes set and brakes released _____ (I/C) _____ (date)
- 180 degree and 360 degree rear riser turns with brakes released _____ (I/C) _____ (date)
- 180 degree turns in deep brakes _____ (I/C) _____ (date)
- Braked turns _____ (I/C) _____ (date)
- Use brakes to obtain maximum glide _____ (I/C) _____ (date)
- Braked approaches _____ (I/C) _____ (date)
- Reverse canopy turns (90 degree to immediate 180 degree) _____ (I/C) _____ (date)
- 90 degree front riser turns _____ (I/C) _____ (date)
- 180 degree front riser turns _____ (I/C) _____ (date)
- Explain how to manage a downwind landing _____ (I/C) _____ (date)
- Land within 20m (65 feet) without assistance of the intended landing point (5 for "A" License) _____ (I/C) _____ (date)
- _____ (I/C) _____ (date)
- _____ (I/C) _____ (date)
- _____ (I/C) _____ (date)
- _____ (I/C) _____ (date)

APPLICANT

(Please type or print.) Change address on file

First Name _____
 Last Name _____
 Street Address _____
 City, State & Zip _____
 Telephone _____
 DOB ___ / ___ / ___
 Email _____

By submitting this application for processing, I acknowledge that my privacy settings for sharing my personal information with third parties, in Parachutist and in public lists at uspa.org are to be maintained by myself in my USPA account at uspa.org.

USPA # _____

X _____
 Signature of Applicant

VERIFICATION

License Requirement	Lic.#	Ins.	Sig
Documentation of completing military freefall training (Submit with application)	_____	_____	_____
Check dive with USPA Instructor (See SIM 3-2.A.1.c)	_____	_____	_____
25 skydives	_____	_____	_____
A-license oral exam	_____	_____	_____
A-license written exam	_____	_____	_____
Standup landing	_____	_____	_____
Joined USPA	_____	_____	_____

All blocks on this record must be initialed or signed as indicated.

Instructor's Name _____
 Signature _____
 USPA # _____ Date ___ / ___ / ___
 Drop Zone _____

Official USPA A-license stamp:
 This stamp and signature of a USPA Instructor or Examiner verifies that the applicant has completed all qualifications for the USPA A skydiving license and performed satisfactorily on the USPA A-license check dive. This temporary USPA A license expires 60 days from the date signed.

Valid for 60 days.
 (Stamp not required for registration at USPA Headquarters.)

X _____ Card Holder Signature