



# EXAMINER RATING COURSE PROFICIENCY CARD

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Examiner Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this Proficiency Card. Course taught by examiner candidate must be completed within 24 months of the approval of the rating sought. Many requirements may be performed in conjunction with a USPA Coach or Instructor Rating Course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Examiner 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.

## USPA EXAMINER 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 License Number: \_\_\_\_\_ (USPA D License)  
M D Y

Total Freefall Time: \_\_\_\_\_ Total Sport Jumps: \_\_\_\_\_ For Tandem IE, FAA Medical Exp. Date: \_\_\_\_\_  
(include copy of medical with this application)

*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

### THIS APPLICATION IS FOR THE FOLLOWING EXAMINER RATING (SEPARATE CARD IS REQUIRED FOR EACH RATING):

Coach Examiner  AFF Examiner  IAD Examiner  SL Examiner  Tandem Examiner

#### Current Instructor Rating(s) held and expiration date(s):

- Coach Expiration date: \_\_\_\_\_
- AFF Expiration date: \_\_\_\_\_
- IAD Expiration date: \_\_\_\_\_
- Static Line Expiration date: \_\_\_\_\_
- Tandem Expiration date: \_\_\_\_\_

Number of solo student first-jump courses taught: \_\_\_\_\_  
*(25 required for Coach examiner, 50 for all other examiner ratings)*

Number of candidate evaluation jumps: \_\_\_\_\_  
*(50 required for AFF examiner, 25 for all other examiner ratings)*

Number of candidate ground evaluations: \_\_\_\_\_  
*(25 required for any USPA Examiner)*

#### Current number of student training jumps completed:

- \_\_\_\_\_ Coach *(100 student freefall training jumps within the previous 12 months or 300 or more freefall training jumps total required.)*
- \_\_\_\_\_ AFF *(500 required for AFFIE Rating)*
- \_\_\_\_\_ IAD/SL *(250 freefall student training jumps and 250 SL or IAD student dispatches)*
- \_\_\_\_\_ Tandem *(500 actual tandem jumps)*

#### Completed the USPA Examiner Rating Course:

Course dates: \_\_\_\_\_  
Location: \_\_\_\_\_  
Conducted by: \_\_\_\_\_ Member # \_\_\_\_\_

**\$144 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.

Attended the most recent biennial Standardization Meeting for:

- Accelerated Freefall Examiner
- Coach Examiner
- Instructor Assisted Deployment Examiner
- Static Line Examiner
- Tandem Examiner

Meeting date: \_\_\_\_\_

Location: \_\_\_\_\_

For Tandem Examiner, must have completed the manufacturer's examiner course and be a current manufacturer examiner for the type of tandem system used.

Manufacturer examiner type \_\_\_\_\_

Course date \_\_\_\_\_

*(Must include a copy of the manufacturer examiner card with this application)*

EXAMINER RECOMMENDATION

This is to certify that \_\_\_\_\_, Member # \_\_\_\_\_ is fully qualified as an Examiner for the following discipline:

- Accelerated Freefall Examiner
- Coach Examiner
- Instructor Assisted Deployment Examiner
- Static Line Examiner
- Tandem Examiner

This candidate has administered a course (two courses required for each discipline) under my direct supervision, and has met all of the necessary requirements, as outlined in Section 1 of the method specific syllabus of the Instructional Rating Manual. I hereby recommend that the Examiner rating listed above be issued.

Course 1

Examiner Name (please print) \_\_\_\_\_

Examiner signature \_\_\_\_\_

Examiner USPA Membership Number \_\_\_\_\_

Course Date \_\_\_\_\_

Course Location \_\_\_\_\_

Course 2

Examiner Name (please print) \_\_\_\_\_

Examiner signature \_\_\_\_\_

Examiner USPA Membership Number \_\_\_\_\_

Course Date \_\_\_\_\_

Dropzone \_\_\_\_\_

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