



# B-D License Application

United States Parachute Association®

## APPLICANT

(Please type or print.)

Change address on file

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*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

## EXPERIENCE

Total Jumps \_\_\_\_\_ Total Freefall Time (hours:minutes) \_\_\_\_\_

Canopy Type and Size \_\_\_\_\_

## VERIFICATION

- » License applications must be signed by a verifying official.
- » Applications for B and C licenses may be signed by any current USPA Instructor. D-license applications require the signature of a member of the USPA Board of Directors, a Safety & Training Advisor or an Examiner.

*I certify that I have personally checked the applicant's logbook(s) and found documentation that the applicant has met all applicable requirements as specified in the Skydiver's Information Manual, Section 3-1.*

- BOD
- S&TA
- Examiner
- Instructor

Name of verifying official (Print legibly) \_\_\_\_\_ Membership number (Please print or type) \_\_\_\_\_

Signature of verifying official \_\_\_\_\_ Date \_\_\_\_\_

## SKILL TABLES

Fill in the number of the highest license you currently hold and all the information requested for each license that is higher than the one you currently hold, up to and including the license you are applying for. For each license requirement met, write in either the number of the jump, the date of the training or the score, accordingly. The verifying official must initial each block of the skill verification table and sign the verification box. Refer to the Skydiver's Information Manual, Section 3, for specific requirements.

**A #** \_\_\_\_\_ LICENSE Number

If applying for an A-license, provide a photocopy of a completed USPA A-License Application, signed by a USPA Instructor, Examiner or member of the USPA Board of Directors.

**B #** \_\_\_\_\_ LICENSE Number (or fill out below)

| Requirements              | Jump No. or date                         | Initial |
|---------------------------|--|---------|
| Accuracy (10 jumps)       | Please Initial →                         |         |
| Formations (10)           | Please Initial →                         |         |
| Canopy Card (See SIM 3-1) | Submit proficiency card with application |         |
| Water Training            |  |         |
| Exam Score                |  | %       |

**C #** \_\_\_\_\_ LICENSE Number (or fill out below)

| Requirements        | Jump No. or date | Initial |
|---------------------|------------------|---------|
| Accuracy (25 jumps) | Please Initial → |         |
| Formations (50)     | Please Initial → |         |
| Exam Score          |                  | %       |

**D** NOTE: D LICENSE REQUIRES SIGNATURE OF S&TA OR HIGHER.

| Requirements 2 of 5:    | Jump No. or date | Initial |
|-------------------------|------------------|---------|
| 1. Night Jumps          | 1 2              |         |
| 2. Water Landing        | 1 2              |         |
| 3. Accuracy (100 Jumps) | 1 2              |         |
| 4. Formation (100)      | 1 2              |         |
| 5. CRW 3 Stack          | 1 2              |         |
| Exam Score              |                  | %       |

## PAYMENT

- Type \$ \_\_\_\_\_ License Fee (\$43 each license)
- B** \$ \_\_\_\_\_ Expedite with email confirmation (add \$20)
- C** \$ \_\_\_\_\_ Total
- D**

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

|  | U.S. | Foreign |
|--|------|---------|
| American Express                       | ✓    | ✓       |
| Discover                               | ✓    | ✓       |
| Mastercard                             | ✓    | ✓       |
| Visa                                   | ✓    | ✓       |
| Check or Money Order (payable to USPA) | ✓    | ✗       |

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.)



# License Exam Answer Sheet

United States Parachute Association®

## APPLICANT

(Please type or print.)

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

USPA #

X \_\_\_\_\_  
Signature of Applicant

## APPLICATION CHECKLIST

The verifying official signing the license application should double check that each of these items has been completed:

### A. Applicant's personal information

### B. Experience verification:

1. Number of jumps
2. Freefall time

**C. Skill verification:** Verify (with your initials) that the jump number, date, or score for each requirement is correct and can be found in the applicant's logbook, **OR** enter the applicant's appropriate license number in the box provided.

**D. Knowledge verification:** Check that the written exam answer sheet is complete with a passing score recorded on the application.

### E. Final Verification:

1. Sign the verifying official's certification statement and print your name, license number (or title), and date.
2. Mail the completed license application along with the fee.

## LICENSE EXAM INSTRUCTIONS

### A. Exam administrator:

1. Give the applicant this answer sheet and the questions to the exam. Do not permit references or other assistance during the exam. After the test, collect the materials and grade the exam. 75% (19 or more for the B-license and C-license exam; 30 or more required for the A-license and D-license exam) is required to pass.
2. Record the score on the license application and in the applicant's logbook. The applicant not passing will be eligible to retake this exam after seven days. To qualify for a higher license, the applicant must have passed all lower class license exams.

### B. Applicant:

1. Write your name on this answer sheet.
2. Select the best available answer for each question and write the corresponding letter in the space provided.
3. When you finish, return this answer sheet and all exam questions to the person administering the test to you.

| A             |     | B             |  | C             |  | D             |     |
|---------------|-----|---------------|--|---------------|--|---------------|-----|
| 1.            | 26. | 1.            |  | 1.            |  | 1.            | 26. |
| 2.            | 27. | 2.            |  | 2.            |  | 2.            | 27. |
| 3.            | 28. | 3.            |  | 3.            |  | 3.            | 28. |
| 4.            | 29. | 4.            |  | 4.            |  | 4.            | 29. |
| 5.            | 30. | 5.            |  | 5.            |  | 5.            | 30. |
| 6.            | 31. | 6.            |  | 6.            |  | 6.            | 31. |
| 7.            | 32. | 7.            |  | 7.            |  | 7.            | 32. |
| 8.            | 33. | 8.            |  | 8.            |  | 8.            | 33. |
| 9.            | 34. | 9.            |  | 9.            |  | 9.            | 34. |
| 10.           | 35. | 10.           |  | 10.           |  | 10.           | 35. |
| 11.           | 36. | 11.           |  | 11.           |  | 11.           | 36. |
| 12.           | 37. | 12.           |  | 12.           |  | 12.           | 37. |
| 13.           | 38. | 13.           |  | 13.           |  | 13.           | 38. |
| 14.           | 39. | 14.           |  | 14.           |  | 14.           | 39. |
| 15.           | 40. | 15.           |  | 15.           |  | 15.           | 40. |
| 16.           | /   | 16.           |  | 16.           |  | 16.           | /   |
| 17.           | /   | 17.           |  | 17.           |  | 17.           | /   |
| 18.           | /   | 18.           |  | 18.           |  | 18.           | /   |
| 19.           | /   | 19.           |  | 19.           |  | 19.           | /   |
| 20.           | /   | 20.           |  | 20.           |  | 20.           | /   |
| 21.           | /   | 21.           |  | 21.           |  | 21.           | /   |
| 22.           | /   | 22.           |  | 22.           |  | 22.           | /   |
| 23.           | /   | 23.           |  | 23.           |  | 23.           | /   |
| 24.           | /   | 24.           |  | 24.           |  | 24.           | /   |
| 25.           | /   | 25.           |  | 25.           |  | 25.           | /   |
| <b>Score:</b> |     | <b>Score:</b> |  | <b>Score:</b> |  | <b>Score:</b> |     |

**NOTE: USPA license exams must be administered by a USPA Instructor, Examiner, Safety & Training Advisor, or a member of the USPA Board.**