



APPLICANT INFORMATION

I AM A CURRENT USPA MEMBER I AM A NON-USA FAI AERO CLUB MEMBER CHANGE ADDRESS ON FILE

USPA MEMBER NUMBER

FAI AERO CLUB NAME

A, B, C OR D LICENSE NUMBER

PHONE NUMBER

NAME OF APPLICANT (RECIPIENT) AS IT IS TO APPEAR ON THE CERTIFICATE

MAILING ADDRESS

CITY

STATE

ZIP CODE

COUNTRY CODE

EMAIL ADDRESS

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.

AWARD(S) REQUESTED & DATE(S) QUALIFYING JUMPS WERE MADE

AWARD REQUIREMENTS

As stated in the awards section in the USPA Skydiver's Information Manual, these awards attest to the successful completion of a 4- (or larger) or 8- (or larger) canopy formation—day or night, as appropriate—where there is continuous contact among all connected jumpers and canopies for a minimum period of ten seconds. The formation need not be a stack, but must be recognizable (e.g., diamond). Those qualifying for the day or night CCS award must close eighth or later in the formation, which must be held for the ten second minimum. Recipients of all awards must be current members of USPA, or if non-US citizens, must be members of their own national aero club. All qualifying applicants will receive a numbered Certificate of Achievement at no charge.

PERFORMANCE

DATE ACHIEVED (MM/DD/YY): ____ / ____ / ____

LOCATION: _____
(CITY, STATE, COUNTRY)

FORMATION SIZE: _____ ENTRY POSITION (E.G., 8TH): _____

DURATION FORMATION HELD (MIN : SEC): _____ : _____

NAME OF FORMATION: _____

LIST OF PARTICIPANTS

(USE A SEPARATE SHEET TO LIST MORE PARTICIPANTS)

AWARD (CHECK ALL THAT APPLY)

- 4-STACK - DAY
- 8-STACK CANOPY CREST RECIPIENT - DAY
- 8-STACK CANOPY CREST SOLOIST - DAY
(8TH OR LATER ENTRY POSITION REQUIRED)
- 4-STACK - NIGHT
- 8-STACK CANOPY CREST RECIPIENT - NIGHT
- 8-STACK CANOPY CREST SOLOIST - NIGHT
(8TH OR LATER ENTRY POSITION REQUIRED)

FORMATION

If the name of the formation is not listed under performance, please sketch a diagram of the completed formation. Use a separate sheet if more space is needed.

I, the undersigned, certify that I have completed all requirements for this award.

Signature: _____ Date: _____