## **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.

	TIONAL EXAMINER RATING APPLICATION		Update My Address	
First Name	Last Name	USPA #:	Expiration Date://	
Add'l. Address _				
City	State	Zip or Postal Code	Country	
Weekday Phone (	)	Email		
DOB:/	// Sex: □ M □ F License Num	nber:	_ (USPA D License)	
M D Y Total Freefall Time: Total Sport Jumps:		For Tandem Examiner, FAA Medical Exp. Date:		
	I understand that I am responsible for maintai		(include copy of medical with this applicat	
These sett	ings may affect the display of my information in	Parachutist or on uspa.org.	(See uspa.org/Privacy for more information.)	
Applicant's Signa	ture (for future authentication purposes): $\_$			
I CERTIFY	THAT		HAS:	
. 02		ne of candidate		
THIS APPLICATIO	N IS FOR THE FOLLOWING EXAMINER RATING	(SEPARATE CARD IS REQUI	RED FOR EACH RATING):	
	Instructor □ IAD Instructor □ Static Line Instru		nes i on exon name,.	
Current Instructor Ra	ating(s) held and expiration date(s):		ent first-jump courses taught:	
☐ Coach	Expiration date:	(At least 25 required for Coa	ch Examiner, at least 50 for any USPA Examiner)	
☐ AFF	Expiration date:	Number of candidate	evaluation jumps:	
□ IAD Expiration date:			(At least 25 required for Coach Examiner, IAD or Static Line Examiner, and Tandem Examiner, and at leas	
Static Line	Expiration date:	50 method specific required		
□ Tandem	Expiration date:			
Current number of st	tudent training jumps completed:	Number of candidate	ground evaluations:	
Coach		(At least 25 required for any	USPA Examiner)	
(Minimum 100 student freefall training jumps within the previous 12 months or 300 or more freefall training jumps total required.)		Completed the USPA	Completed the USPA Examiner Rating Course:	
AFF (Minimum 500 required for AFFIE Rating)		Course dates:	Course dates:	
IAD/SL (Minimum 250 freefall student training jumps and 250 static line or IAD student dispatches)		Location:		
		Conducted by:		
Tandem (Minimum 500 actual tandem jumps)			Member #	
	¢120 DATING EEE. D Daid has a condition	with annipotion D.P	and with After Action Don	
	\$120 RATING FEE: ☐ Paid by candidate		•	
	Information below this	s line will be destroyed after proce	ssing	
CARD NUMB	ER (American Express. Discover . MasterCard. and Visa)		SECURITY CODE EXP. DATE (MMYY)	

Page 2 CANDIDATE NAME	Wember #	
Attended the most recent biennial Standardization Meeting for:	rating listed above be issued.	
□ Accelerated Freefall Examiner	Course 1	
□ Coach Examiner		
☐ Instructor Assisted Deployment Examiner		
□ Static Line Examiner	Examiner Name (please print)	
☐ Tandem Examiner		
Meeting date:	Examiner signature	
Location:	Examiner USPA Membership Number	
For Tandem Examiner, must have completed the manufacturer's examiner course and be a current manufacturer examiner for the type of tandem system used.	examiner OSFA Membership Number	
	Course Date	
Manufacturer examiner type		
Course date	Course Location	
(Must include a copy of the manufacturer examiner card with this application)	Course 2	
EXAMINER RECOMMENDATION		
This is to certify that,	Examiner Name (please print)	
Member #is fully qualified as an Examiner for the	Examiner Name (picese print)	
following discipline:		
☐ Accelerated Freefall Examiner	Examiner signature	
☐ Coach Examiner		
☐ Instructor Assisted Deployment Examiner	Examiner USPA Membership Number	
☐ Static Line Examiner	Z.a.m.o. Co. 7. Monasos.mp . tam.20.	
☐ 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	Course Date	
the Instructional Rating Manual. I herby recommend that the Examiner	Dropzone	

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