



**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 THE COURSE EXAMINER (SEE IRM 1-3).**