



AWARDS PROGRAM

# JUMP WINGS & FREEFALL BADGE

United States Parachute Association®

UNITED STATES PARACHUTE ASSOCIATION

5401 Southpoint Centre Boulevard  
Fredericksburg, VA 22407-2612  
(540) 604-9740 | (540) 604-9741 (Fax)  
membership@uspa.org

2104

## | APPLICANT INFORMATION |

CHANGE ADDRESS ON FILE

USPA MEMBER NUMBER \_\_\_\_\_

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 |

### JUMP WINGS

### FREEFALL BADGES

WINGS	DATE	WINGS	DATE
<input type="checkbox"/> 1,000-Jump _____		<input type="checkbox"/> 11,000-Jump _____	
<input type="checkbox"/> 2,000-Jump _____		<input type="checkbox"/> 12,000-Jump _____	
<input type="checkbox"/> 3,000-Jump _____		<input type="checkbox"/> 13,000-Jump _____	
<input type="checkbox"/> 4,000-Jump _____		<input type="checkbox"/> 14,000-Jump _____	
<input type="checkbox"/> 5,000-Jump _____		<input type="checkbox"/> 15,000-Jump _____	
<input type="checkbox"/> 6,000-Jump _____		<input type="checkbox"/> ____ -Jump _____	
<input type="checkbox"/> 7,000-Jump _____		<input type="checkbox"/> ____ -Jump _____	
<input type="checkbox"/> 8,000-Jump _____		<input type="checkbox"/> ____ -Jump _____	
<input type="checkbox"/> 9,000-Jump _____		<input type="checkbox"/> ____ -Jump _____	
<input type="checkbox"/> 10,000-Jump _____		<input type="checkbox"/> ____ -Jump _____	

BADGE	DATE	BADGE	DATE
<input type="checkbox"/> 12-Hour _____		<input type="checkbox"/> 132-Hour _____	
<input type="checkbox"/> 24-Hour _____		<input type="checkbox"/> 144-Hour _____	
<input type="checkbox"/> 36-Hour _____		<input type="checkbox"/> 156-Hour _____	
<input type="checkbox"/> 48-Hour _____		<input type="checkbox"/> 168-Hour _____	
<input type="checkbox"/> 60-Hour _____		<input type="checkbox"/> 180-Hour _____	
<input type="checkbox"/> 72-Hour _____		<input type="checkbox"/> ____ -Hour _____	
<input type="checkbox"/> 84-Hour _____		<input type="checkbox"/> ____ -Hour _____	
<input type="checkbox"/> 96-Hour _____		<input type="checkbox"/> ____ -Hour _____	
<input type="checkbox"/> 108-Hour _____		<input type="checkbox"/> ____ -Hour _____	
<input type="checkbox"/> 120-Hour _____		<input type="checkbox"/> ____ -Hour _____	

Use this form to apply for a numbered Certificate of Achievement for cumulative jumps (1,000-jump increments) or freefall time (12-hour increments). Certificates are provided at no charge. **Initial applications for the 1,000-Jump Wing and 12-Hour Freefall Badge will receive metallic pins at no cost.** After certificate has been issued, additional pins or those for higher award levels may be purchased. Email membership@uspa.org to purchase pins.

## | SHIPPING AND MAILING INFORMATION |

Please provide the instruction on where to send the award(s). The Regional Director often makes the presentation at a suitable event so that the accomplishment can be recognized publicly. Photos may be submitted to *Parachutist* magazine under the Submissions tab at parachutistonline.com.

Use the information provided above.  Use the information provided below.

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

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

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OTHER SPECIAL INSTRUCTIONS \_\_\_\_\_

## | CERTIFICATION BY REGIONAL OR NATIONAL DIRECTOR (REQUIRED) |

The qualifications for this award **must be certified** by a USPA National or Regional Director. The signatory is verifying that the above named USPA member has made the necessary jumps and/or accumulated the necessary hours of freefall and other requirements as stated in the Awards Section in the USPA Skydiver's Information Manual.

SIGNATURE OF CERTIFYING NATIONAL OR REGIONAL DIRECTOR (REQUIRED) \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

USPA # OR LIC.# \_\_\_\_\_

**AFTER CERTIFICATE HAS BEEN ISSUED, ADDITIONAL PINS OR THOSE FOR HIGHER AWARD LEVELS MAY BE PURCHASED. EMAIL MEMBERSHIP@USPA.ORG TO PURCHASE PINS.**