



Tandem Examiner Re-Certification Form

Name _____ Age _____ Date ____/____/____
 Mailing Address _____ \$50.00 U.S.

 City _____ State _____ Zip _____ Country _____
 Home Phone _____ Work Phone _____ Fax _____
 E-Mail _____ Home Drop Zone _____

(Check here if Address Information has changed)

Total Number of Jumps _____
 Vector / Sigma Tandem Jumps _____
 Vector Sigma / Tandem Jumps **As Instructor** In Last Year _____
 Vector Sigma / Tandem Jumps **As Student / Passenger** Last Year _____
 Instructional Rating(s) (**Please attach a copy**) _____
 USPA D-License / Equivalent (**Please attach a copy**) _____ USPA Membership # _____
 FAA Medical Certificate # (**Please attach copy**) _____
 How many Tandem Vector / Sigma's do you own? _____

I certify that all statements in this application are correct to the best of my knowledge.

I have conducted or assisted in at least one UUPT Tandem Instructor Certification Course within the last 12 months.

X _____

Examiner

Date

Total Number of Courses Taught in the last year _____
 Total Number of Instructor Candidates Trained in the last year _____
 (**Please attach a list of course dates, locations, and names of candidates, if assisting in course, add the name of course director)**

Endorsing Signature

Above renewal requirements verified by (please print): _____

X _____

Date

Endorsing official must be a uninsured United Parachute Technologies, LLC
Tandem Vector / Sigma Instructor Examiner or Tandem Vector / Sigma System Owner

UNITED PARACHUTE TECHNOLOGIES TANDEM RE-CERTIFICATION

RENEWAL PROCEDURES

Tandem Instructor Ratings must be renewed annually. To apply for renewal, you must have made at least 25 tandem jumps within the preceding 365 days, and you must have made 3 tandem jumps within the preceding 90 days. It is mandatory to view the Tandem Instructor Presentation prior to recurrency jumps, and it must be viewed by all tandem personnel once at the beginning of your jump session and again during mid-season. When these requirements are met, please:

1. Have this form verified and signed by either uninsured United Parachute Technologies Tandem Vector/Sigma Instructor Examiner or Owner.
2. Send the form, a photocopy of your FAA Medical Certificate, a photocopy of your USPA instructional ratings, and \$35.00 (Instructor renewal) or \$50.00 (Examiner renewal) to uninsured United Parachute Technologies.

NOTE: 1st class medical certificates must be renewed every six months, 2nd class medical certificated must be renewed once a year, and 3rd class medical certificates must be renewed once every five years if you are under 40 and once every two years if you are over 40. Make sure you send a copy of a CURRENT medical certificate.

We recommend making copies for your records in case this form is lost in the mail. Please contact uninsured United Parachute Technologies if you have not received your renewal license or a response within four weeks. Any tandem jump you make while not currently rated with uninsured United Parachute Technologies is in violation of federal law (while we are under the FAA exemption) and is subject to a maximum fine of \$1000.00 per incident. Incomplete paperwork will be returned to you without license renewal.

RECURRENT TRAINING

Recurrent Training consists of one (1) solo jump with a tandem system, and one (1) tandem jump with an experienced jumper acting as a student/passenger. The experienced jumper must first be briefed on how to respond to tandem emergencies. Passenger emergency handles may be used. During the jump the applicant must make a stable exit from at least 7,500 feet, with drogue deployment within ten (10) seconds, and opening by 4,500 feet. The applicant must demonstrate the ability to control heading during drogue-fall by making at least one 360-degree turn and perform practice pulls to all operating handles. Landing must be a stand-up (wind permitting) within 150 feet of target. These two jumps must be witnessed and signed off by a United Parachute Technologies Vector/Sigma Instructor Examiner or Owner. If you are an owner or examiner or both, you can sign for yourself.

SOLO JUMP PROCEDURES

Review operation of the complete tandem system. Remember, you can experience every possible tandem malfunction mode except student interference, so be prepared. Exit the aircraft, be stable, and deploy the drogue. Perform practice pulls on all operating handles. This jump is intended to familiarize you with the system and how it operates. Do not combine this jump with any other skydiving discipline, i.e. "RW," etc.

CURRENCY REQUIREMENTS

In addition to yearly certification, Vector/Sigma Instructors are expected to maintain currency during the year by covering all tandem emergencies while in a hanging-harness simulating canopy emergencies, and while wearing a tandem system (standing on the ground) while simulating drogue and aircraft emergencies.

- A. If any currently rated Tandem Instructor has not made a tandem jump in the preceding 90 days, he/she must make a minimum of one (1) satisfactory tandem jump with an experienced jumper acting as a student prior to jumping with actual students.
- B. If any currently rated Tandem Instructor has not made a tandem jump within the last 180 days, he/she must complete *recurrent training* before jumping with actual students.
- C. If any currently rated Vector/Sigma Instructor has not made a tandem jump in the preceding two (2) years, he/she must attend a complete tandem training course covering the classroom/ground school and make a minimum of three (3) satisfactory re-certification jumps.

UNINSURED **UNITED PARACHUTE TECHNOLOGIES LLC.**



CREDIT CARD AUTHORIZATION

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Credit Card Number

MC

Visa

Amex

Discover

Expiration Date

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Security Code

Dealer / Customer Name

Sales / Invoice #

Name as it appears on Credit Card

Billing address for Credit Card - Street, City, State, Country, Zip

Phone Number for Credit Card holder

E-mail:

I hereby authorize Uninsured United Parachute Technologies, LLC to charge my credit card, number stated above, for the amount of US \$ _____ .

Your signature as it appears on your card _____

Or

I hereby authorize Uninsured United Parachute Technologies, LLC to charge my credit card, number stated above, for any purchases I make through Uninsured United Parachute Technologies, LLC

Your signature as it appears on your card _____

YOU **MUST** SUBMIT A NEW AUTHORIZATION IF **ANY** INFORMATION CHANGES

Save