



Training Reimbursement Application

Phone 866-37-USPPA (866-378-7772) | Fax 866.226-2990
email: theUSPPA@gmail.com | web: www.usppa.org

Send Completed Form to:
USPPA Incentive Program
931 West 75th Street
Suite 137-150, Naperville, IL 60565

Please include the following:

1. Rating Application.
2. If not a USPPA member, USPPA Membership Application and dues payment.
3. Copy of the top page of each filled-out syllabus used for the rating. So for a PPG2 rating there would be two copies. The instructor and student must initial each item completed. Only current & qualified USPPA/USUA Instructors can be used. Visit the USPPA Schools page for a complete list.

Reimbursement amounts paid: None to PPG1 \$50, None to PPG2 \$150, None to PPG3 \$200, PPG1 to PPG2 \$100, PPG2 to PPG3 \$50. Going to Instructor is the same (for this purpose) as going to PPG3.

Rating Applicant

Thank you for taking the time to do it right. Through education we can collectively improve safety and enjoyment of this incredible form of flight. By signing below you acknowledge that:

1. You paid for training towards the goal of earning the listed rating(s),
2. You received training according to the USPPA/USUA syllabus and initialed each item.
3. You satisfactorily accomplished all the requirements of the rating sought.

PPG Ratings held (circle one): None PPG1 PPG2

Ratings obtained (circle one): — PPG1 PPG2 PPG3

Date: _____ Name: _____ Signature _____

USPPA# (or "New") _____, City & State Where Rating Obtained _____

Instructor

Thank you for contributing to excellence. This program is for reimbursing money that the applicant actually paid for training to you. By signing below you acknowledge that:

1. You gave and were paid for training provided to this pilot towards the listed ratings and that the amount paid was to you was at least the amount of the reimbursement sought.
2. You used and filled out the complete USPPA/USUA syllabus for each rating given or trained for.
3. You are a current and qualified USPPA or USUA PPG Instructor as of the date training was given (see the USPPA.org schools page).

Date: _____ Name: _____ Signature _____

Your USPPA Member# _____ or USUA Member# _____ Phone Number _____

For internal use only Amt Pd \$ _____ Accepted by _____ on (date) _____
