USUA/USPPA Recommendation Form

Send to: USUA
104 Carlisle Street, Gettysburg, PA 17325
They will be forwarded to USPPA as appropriate.
Ph 717.339-0200 | Fax 717.339-0063
E-mail: usua@usua.org or info@usppa.org

Applicant

I am seeking the following ratings and launch skills:

☐Instructor, ☐Tandem Trainee (TT), ☐Tandem Instructor (TI),
☐Instructor Admin, ☐Tandem Instructor Admin
☐Foot Launch (FL), ☐Wheel Launch (WL) ☐Foot Launch (FL), ☐Wheel Launch (WL)

I certify by my signature below that I meet the requirements of the rating(s) applied for. If not yet a member, enter "applied" for member#.

_____	USPPA/USUA	_____
Applicant Name	Circle One	Org Member#
_____	_____	
Applicant Signature	Date	

Recommending Instructor

I certify by my signature below that I have observed the pilot above successfully perform at the desired rating level for at least 3 launches and landings for each launch method sought. I believe that (s)he will be safe, conscientious, and effective in that capacity.

_____	USPPA/USUA/USHGA	_____
Recommending Name	Circle One	Org Member#
_____	_____	
Recommending Signature	Date	

If the applicant is not yet a member, then a membership application with payment must be included. The recommending instructor must be a current member of the respective organization so that their rating and information can be verified. Thanks for your understanding.