



A License Progression Card & Application

United States Parachute Association®

Name _____

CANOPY PROGRESSION

Wing Loading = $\frac{\text{exit weight (lbs.)}}{\text{canopy size (sq. ft.)}}$ Example: $\frac{215}{280} = .77:1$

A jumper should be proficient with the following landing maneuvers on their current canopy before progressing past a 1:1 wing loading:

- Landing flare from full flight
- Flaring for landing from slow (braked) flight
- Consistent soft, stand-up landings within 65 feet of a planned target

TYPE	SIZE	WING LOADING	JUMPS	I SIG.
NAV	200	0.9	7	JS
A-LICENSE CHECK DIVE				

CATEGORY A

FJC _____ Date _____ I _____

Method: AFF TAN IAD SL

Adv. Criteria	Lic.#	C/I Sig.
Aircraft & exit safety	_____	I _____
Safe exit	_____	I _____
AFF AND TANDEM ONLY		
Overall FF awareness	_____	I _____
Stable for last 10 secs.	_____	I _____
Altitude aware	_____	I _____
Initiate pull w/in 1,000'	_____	I _____
Land 60 deg. w/asst.	_____	I _____
Land 330 feet w/asst.	_____	I _____
Category quiz	Date _____	C/I _____

CATEGORY B

Exit and Freefall	Date _____	I _____
Canopy	Date _____	I _____
Emerg. Review	Date _____	C/I _____
Equipment	Date _____	C/I _____
Spot. and A/C	Date _____	C/I _____
Adv. Criteria Lic.# C/I Sig.		
Stable throughout	_____	I _____
Leg control	_____	I _____
AFF and tandem only		
Asst. pull w/in 500'	_____	I _____
Static line and IAD only		
3 successive practice pulls	_____	I _____
Descent strategy	_____	C/I _____
Clearing before turns	_____	C/I _____
Land 30 deg. w/asst.	_____	C/I _____
Asked to join USPA	_____	C/I _____
Category quiz	Date _____	C/I _____

SOLO TRANSITION

Solo transition course (from tandem)
(may be completed after Category A or B)

Method _____ Date _____ I _____



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Email, fax or mail a **copy** of this completed form to USPA to register your license.
Keep this document in a safe place until you receive a new membership card.
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FOLD LINE

CATEGORY C

Exit and Freefall	Date _____	I _____
Canopy	Date _____	I _____
Emerg. Review	Date _____	C/I _____
Equipment	Date _____	C/I _____
Spot. and A/C	Date _____	C/I _____
Adv. Criteria Lic.# C/I Sig.		
Control w/in 5 secs.	_____	I _____
Relaxed fall	_____	I _____
FF heading awareness	_____	I _____
Wave-off	_____	I _____
Cleared to FF w/one AFFI	_____	I _____
Solo pull at correct alt.	_____	I _____
Plan pattern for wind	_____	C/I _____
Fly pattern w/min. asst.	_____	C/I _____
Flare w/min. asst.	_____	C/I _____
Category quiz	Date _____	C/I _____

CATEGORY D

Exit and Freefall	Date _____	I _____
Canopy	Date _____	I _____
Emerg. Review	Date _____	C/I _____
Equipment	Date _____	C/I _____
Spot. and A/C	Date _____	C/I _____
Adv. Criteria Lic.# C/I Sig.		
Solo exit, stable w/in 5 secs.	_____	I _____
90-degree FF turns w/in 20 degrees (4)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 _____	I _____
180-degree FF turns w/in 45 degrees (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	I _____
360-degree FF turns w/in 45 degrees (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	I _____
90-degree rear riser turns with brakes set (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	I _____
90-degree rear riser turns with brakes released (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	I _____
180-/360-degree rear riser turns with brakes released	<input type="checkbox"/> 180 <input type="checkbox"/> 360 _____	I _____
Two rear riser flares above 2,000 feet	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	I _____
Land w/in 165 feet (asst.)	_____	I _____
Operate AAD	_____	I _____
Observe jump run	_____	I _____
Category quiz	Date _____	I _____

CATEGORY E

Exit and Freefall	Date _____	I _____
Canopy	Date _____	I _____
Emerg. Review	Date _____	C/I _____
Equipment	Date _____	C/I _____
Spot. and A/C	Date _____	C/I _____
Adv. Criteria Lic.# C/I Sig.		
Stability recovery w/in 5 secs. (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	I _____
Jump without FF supervision	_____	I _____
Barrel roll	_____	I _____
Backloop	_____	I _____
Frontloop	_____	I _____
Land w/o asst. w/in 165 feet	_____	I _____
Calculate opening point	_____	I _____
Participate w/jump run	_____	I _____
Category quiz	Date _____	I _____

NOTE

Prior to freefall self-supervision (typically after the first jump in Category E), all students must meet the standards listed in the USPA BSRs. Clearance to freefall self-supervision requires the endorsement of an appropriately rated USPA Instructor (signature in logbook).

| CATEGORY F |

| CATEGORY G |

| CATEGORY H |

Exit and Freefall _____ Date _____ C/I _____
 Canopy _____ Date _____ C/I _____
 Emerg. Review _____ Date _____ C/I _____
 Equipment _____ Date _____ C/I _____
 Spot. and A/C _____ Date _____ C/I _____
Adv. Criteria Lic.# C/I Sig.
 Tracking sequence w/in 30 degrees (3)
 1 2 3 _____ C/I _____
 Clear and pull (5,500') _____ C/I _____
 Clear and pull (3,500') _____ C/I _____
 180-degree turns in deep brakes (4)
 1 2 3 4 _____ C/I _____
 Braked approach _____ C/I _____
 Land 82 feet w/o asst. (2)
 1 2 _____ C/I _____
 Pack w/asst. _____ C/I _____
 Check other jumper's gear _____ C/I _____
 Select spot _____ C/I _____
 Spot w/min. asst. _____ C/I _____
 Category quiz _____ Date _____ C/I _____

Exit and Freefall _____ Date _____ C/I _____
 Canopy _____ Date _____ C/I _____
 Emerg. Review _____ Date _____ C/I _____
 Equipment _____ Date _____ C/I _____
 Spot. and A/C _____ Date _____ C/I _____
Adv. Criteria Lic.# C/I Sig.
 Redock from 10' w/o asst. (2)
 1 2 _____ C/I _____
 Redock w/adj. fall rate (2)
 1 2 _____ C/I _____
 Break-off at alt. w/o prompt _____ C/I _____
 Track 50' w/in 10 degrees _____ C/I _____
 Reverse canopy turns (4)
 1 2 3 4 _____ C/I _____
 Land 65 feet w/o asst. (2)
 1 2 _____ C/I _____
 Pack w/o asst. _____ Date _____ C/I _____
 Spot w/min. asst. _____ C/I _____
 Category quiz _____ Date _____ C/I _____

Exit and Freefall _____ Date _____ C/I _____
 Canopy _____ Date _____ C/I _____
 Emerg. Review _____ Date _____ C/I _____
 Equipment _____ Date _____ C/I _____
 Spot. and A/C _____ Date _____ C/I _____
Adv. Criteria Lic.# C/I Sig.
 Swoop and dock w/min. asst. (2)
 1 2 _____ C/I _____
 Break-off at alt. w/o prompt _____ C/I _____
 Track 100' w/in 10 degrees _____ C/I _____
 90-degree front riser turns (2)
 1 2 _____ C/I _____
 180-degree front riser turns (2)
 1 2 _____ C/I _____
(Front riser turns may be waived if too difficult.)
 Land 65 feet w/o asst. (3)
 1 2 3 _____ C/I _____
 Replace closing loop _____ C/I _____
 Assemble 3-ring _____ C/I _____
 Category quiz _____ Date _____ C/I _____

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FOLD LINE

| APPLICANT |

| VERIFICATION |

(Please type or print.) Change address on file

First Name _____ Last Name _____
 Street Address _____

 City, State & Zip _____
 Telephone _____ DOB ____ / ____ / ____
 Email _____

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.

USPA # _____ **X** _____
 Signature of Applicant

License Requirement	Lic.#	Ins. Sig
Check dive with USPA Instructor	_____	_____
<i>(See SIM 3-2.A.1.c)</i>	_____	_____
25 skydives	_____	_____
A-license oral exam	_____	_____
A-license written exam	_____	_____
Standup Landing	_____	_____
Met SIM 3-2.A.1.c.(10)	_____	_____
Joined USPA	_____	_____

All blocks on this record must be initialed or signed as indicated.

Instructor's Name _____
 Signature _____
 USPA # _____ Date ____ / ____ / ____
 Drop Zone _____

*Valid for 60 days.
 (Stamp not required for registration at USPA Headquarters.)*

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 (Stamp not required for registration at USPA Headquarters.)*

| PAYMENT |

\$ _____ License Fee (\$36)
 \$ _____ Expedite with email confirmation (add \$20)
 \$ _____ Total

X _____
 Card Holder Signature

	U.S.	Foreign
American Express	✓	✓
Discover	✓	✓
Mastercard	✓	✓
Visa	✓	✓
Check or Money Order (payable to USPA)	✓	✗

Submit via:
 Mail: USPA, 5401 Southpoint Centre Blvd. Fredericksburg, VA 22407. (Do not send original, please send photocopy.)
 Email: membership@uspa.org
 Fax: (540) 604-9741 (Please call (540) 604-9740 to confirm transmission was received and legible.)

Do not send credit card information via email.

 CARD NUMBER (Visa, MasterCard, Discover and American Express)

 SECURITY CODE

 EXP. DATE (MMYY)