



**TANDEM EXAMINER CERTIFICATION FORM**

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of First Jump: \_\_\_\_\_ Number of Jumps: \_\_\_\_\_

Number of Tandem Jumps: \_\_\_\_\_ Number of UPT Tandem Jumps: \_\_\_\_\_

Instructional Ratings: \_\_\_\_\_ Current/ Expired

FAA Medical Certificate Number (please attach copy) \_\_\_\_\_ USPA D-license/ Equivalent \_\_\_\_\_

Home Drop Zone: \_\_\_\_\_ National Aero Club: \_\_\_\_\_

Number of Tandem systems owned: \_\_\_\_\_ Examiner on other systems: \_\_\_\_\_

**Tandem Examiner Certification Jumps**

Jump #	Date	Aircraft	Position	Passenger	Examiner's Comments and signature
1.	_____	_____	<u>Instructor</u>	_____	_____
2.	_____	_____	<u>Student</u>	_____	_____
3.	_____	_____	<u>Safety</u>	_____	_____

To pay by credit card, please complete the following:

Visa/MasterCard- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Name of Cardholder (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Endorsing Signature**

\_\_\_\_\_

Print your name

\_\_\_\_\_ Date: \_\_\_\_\_

Signature