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Processing Fee \$50
Includes digital ID card
Hard copy rating card \$15

Tandem Examiner Re-Certification

This box must be filled in by computer

\$15 for card

Full Legal Name _____

Name to appear on card *First* _____ *Last* _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

E-Mail _____

Phone _____ Date of First Jump _____ Number of Jumps _____

Instructional Rating(s) *(please attach copy)* _____ Current _____ Expired _____

USPA D-License/Equivalent *(please attach copy)* _____ Membership # _____

FAA Medical Certificate # *(please attach copy)* _____ Home Drop Zone _____
Foreign or Military equivalent accepted

Sigma Tandem Jumps _____ Sigma Tandem Jumps in the Last Year _____ Sigma owned _____

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 the course director)

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 24 months.

X _____
Signature _____ *Date* _____

APPLICANT CANNOT ENDORSE SELF

Endorsing Signature *(This must be signed by an uninsured United Parachute Technologies, LLC Tandem Vector / Sigma Instructor Examiner or Tandem Vector / Sigma System Owner)*

Above renewal requirements verified by (please print) _____

X _____
Signature _____ *Date* _____

SIGMA TANDEM EXAMINER RE-CERTIFICATION

ANNUAL RENEWAL PROCEDURES

Sigma Tandem Examiner 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.** And you must have attended a Sigma Tandem Examiner Standardization Meeting within the last two years. You have a 2 year window from time of earning the rating until you are required to attend your first meeting.

It is mandatory to review the Sigma Tandem Standard Operating Procedures (SOPs) and Emergency Procedures (EPs) located in the Sigma Manual, prior to making any recurrency jumps. This information should be reviewed every 90 days whether you are current or getting recurrent. Once these requirements are met, please:

1. Have this form and your jump requirements verified (via logbook) and have this form signed by either another uninsured United Parachute Technologies, LLC Sigma Tandem Instructor Examiner (IE) or Sigma Tandem owner.
2. Send the form, along with a photocopy of your **FAA Medical Certificate** (or equivalent), a photocopy of your **USPA instructional ratings** (or equivalent), and **\$50.00** Instructor renewal fee) to uninsured United Parachute Technologies, LLC. Payment can be made by credit card using our Credit Card Authorization Form.

Note: A 1st class medical certificate must be renewed every six months. A 2nd class medical certificate must be renewed once a year. A 3rd class medical certificates expire every five years if it was issued before the certificate holder turned 40 years old. If the certificate holder was 40 years of age or older at the time of issue, the certificate expires every 2 years. Expirations occur at the end of the calendar month that the certificate was issued. 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, LLC if you have not received your rating renewal or a response within four weeks. Any tandem jump you make or course that you teach, while not currently rated with uninsured United Parachute Technologies, LLC is in violation of federal law and is subject to a maximum fine of \$1000.00 per incident. If you have not received your Sigma Tandem Examiner Card within 30 days of form submission, you are not considered current, and are not authorized to use the Sigma Tandem system or to teach Sigma Tandem Instructor courses.

An uninsured United Parachute Technologies, LLC Sigma Tandem Examiner IS STILL REQUIRED TO BE RENEWED if the holder is also a current USPA Tandem Examiner.

RECURRENCE TRAINING

Recurrency Training consists of a minimum of one (1) solo jump with the 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. In addition, each experienced skydiver acting as passenger must watch the Sigma Waiver video and fill out a Waiver. 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 have an open main canopy 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 an uninsured United Parachute Technologies, LLC Sigma Instructor Examiner or Sigma Owner. If you are an owner or examiner or both, you cannot 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, get stable, then deploy the drogue. Perform handles checks, starting with visually inspecting drogue inflation over your right shoulder. Then proceed on to physically touching each handle as prescribed in the Sigma Manual. Once that is complete, continue on with practice pulls of the main deployment 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.

RECURRENCE REQUIREMENTS

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

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

RENEWAL CHECKLIST - Please initial each line after reading.

I agree to conform to all of the Sigma Tandem Standard Operating Procedures (SOPs) and Emergency Procedures (EPs).

Initial_____

I agree to perform handles checks in the manner prescribed by the Sigma Manual on every tandem jump that I make using the Sigma Tandem system.

Initial_____

I agree to forfeit my UPT and USPA tandem examiner rating through either suspension or revocation of rating, if I am found to have violated the SOPs and EPs of the Sigma tandem system.

Initial_____

I have read the Sigma Manual and am fully knowledgeable of the system SOPs and EPs.

Initial_____

If you intend to use hand cam during your next yearly rating currency cycle, please fill out and submit the annual hand cam checklist form

Initial_____

Signature_____

Date_____



CREDIT CARD AUTHORIZATION

Credit Card Number

MC

Visa

Amex

Discover

Expiration Date

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