



OFFICE USE ONLY

ID #: \_\_\_\_\_

PAID: \_\_\_\_\_

Process: \_\_\_\_\_

Processing Fee \$50

Includes digital ID card

Hard copy rating card \$15

## Tandem Examiner Re-Certification Form

**This box must be filled in by computer**

☐ \$15 for card

Full Legal Name \_\_\_\_\_ Age \_\_\_\_\_  
First Last

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

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

Email \_\_\_\_\_

Phone \_\_\_\_\_ Home Drop Zone \_\_\_\_\_

Instructional Rating(s) *(please attach copy)* \_\_\_\_\_ ☐ Current ☐ Expired

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

Sigma Tandem Jumps \_\_\_\_\_ Sigma Tandem Jumps in the Last Year \_\_\_\_\_ Front Rides Made \_\_\_\_\_

Total number of courses taught in the last year *(please attach copy)* \_\_\_\_\_

Total number of Instructor Candidates trained in the last year *(please attach copy)* \_\_\_\_\_

### RENEWAL CHECKLIST – Please initial each line after reading

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

Int. \_\_\_\_\_

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.

Int. \_\_\_\_\_

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

Int. \_\_\_\_\_

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

Int. \_\_\_\_\_

I agree to follow all currency requirements in accordance with the UPT Sigma Manual.

Int. \_\_\_\_\_

I will fill out the Annual Sigma Handcam Safety Checklist Document and submit to UPT prior to using handcam on Sigma Tandem jumps. (Can be emailed by instructor directly to [sheryl@uptvector.com](mailto:sheryl@uptvector.com))

Int. \_\_\_\_\_

I agree to attend a UPT Standardization Meeting biannually.

Int. \_\_\_\_\_

I understand that my digital rating will be on Merit.

Int. \_\_\_\_\_

**Processing can take up to TWO WEEKS. Please plan accordingly.**

Renewal requirements met by (Print Name of Applicant): \_\_\_\_\_

X \_\_\_\_\_  
Applicant's Signature Date (MM/DD/YYYY)

***"I certify that I have personally checked the applicant's logbook(s) and found documentation that the applicant has met all applicable requirements."***

Renewal requirements verified by (please print): \_\_\_\_\_

VERIFYING OFFICIAL (Must be a UPT Examiner or UPT System Owner):

X \_\_\_\_\_  
Verifying Official's Signature Date (MM/DD/YYYY)

**APPLICANT CANNOT ENDORSE SELF**  
**Endorsing Signature** (This must be signed by an uninsured United Parachute Technologies, LLC Tandem Vector or Sigma Examiner or System Owner)

Tandem **Renewal** is required every 365 days (if USPA TAN-I rating is not current):

- ☐ Tandem Examiner Re-Certification Form
- ☐ USPA Membership or foreign equivalent with proof of D-license and Instructional Ratings
- ☐ Current and approved medical certificate
- ☐ Annual Sigma Tandem Handcam Safety Checklist filled out (if intending to use)
- ☐ \$50 fee for digital certification or an additional \$15 (\$65 total) to receive a digital certification and physical card
- ☐ List of courses taught in the last 12 months with dates, locations and names of candidates; if assisted in a course, include the name of the course director
- ☐ Paperwork scanned to **PDF** (not JPEG)