

UNITED STATES HANG GLIDING ASSOCIATION, INC.
PO Box 1330, Colorado Springs, CO 80901-1330
(719) 632-8300

Pilot Proficiency Program
ACCEPTANCE OF CERTIFICATION as a USHGA INSTRUCTOR

Date: _____

Region: _____

To USHGA:

This will verify that I accept my certification as a USHGA Certified Instructor to help administer the USHGA's Pilot Proficiency Program. I have read the detailed material on the program, understand the responsibilities I have accepted and willingly undertake to discharge them impartially and without favoritism, to the best of my ability. I understand and agree to accept my responsibility as described in the USHGA Pilot Proficiency Program Policy on Revocation of Ratings.

I appreciate the opportunity to participate in the program and will do my best to make it a success.

Rating applied for:

Paragliding

Basic Instructor

Hang Gliding

Advanced Instructor

Signed,

Applicant's signature

Name/USHGA#: _____

Address: _____

City: _____ State/Zip: _____

I certify that the above named individual has completed all of the requirements for their Instructor certification.

IP Administrator's signature

IP Administrator's School or Affiliation