

7. Successfully completed two air evaluations.

Evaluator signature Date

Evaluator signature Date

8. Participated in all portions of the USPA Coach Rating Course.

Course director signature Date

9. Correctly answered at least 80% of the questions on the USPA Coach Final Examination.

Course director signature Date

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Coach rating. He or she has demonstrated the ability to, under the supervision of a USPA Instructor, teach the general (non-method-specific) sections of the first jump course, conduct group freefall skills training, supervise students making group freefall training jumps, and conduct recurrency training and jumps with licensed skydivers.

Course director name (please print)

Course director signature

Date _____

Course Location