

PPG Pilot & Instructor

New & Transitioning Pilot & Instructor Registration



*Safety...
Through Education*

NAME _____
last first middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone (____) _____ USUA/USPPA# _____ Date of _____

Birth / _____ ☐ Male ☐ Female

email _____

Waiver, Release & Airman Activity Data

Conditions

In return for the rating the applicant agrees to the following terms:
(INITIAL EACH CONDITION)

- _____ 1. I freely and voluntarily assume the risks of ultralight flight and I, or my heirs, promise to hold USUA, USPPA and the USUA/USPPA registered instructor(s) listed on this application harmless for injury or damage caused by my ultralight flying or instruction. I certify that all statements made on this form are true and correct.
- _____ 2. Never to bring suit or any legal action against the USUA or the USPPA with regard to any consequence which may occur as a result of this action.
- _____ 3. To abide by all federal, state, and local regulations pertaining to ultralight flying.
- _____ 4. To abide by the conditions and limitations of FAA Exemption 4274.
- _____ 5. To fulfill the responsibilities and requirements of the registration being applied for.
- _____ 6. To operate an ultralight only when no physical conditions exist that may interfere with safe piloting practices.
- _____ 7. To report all accidents/incidents requiring medical aid for the pilot or substantial repairs to the ultralight to USUA.
- _____ 8. To examine pilot applicants in accordance with the USUA ARP, FAR Part 103 and associated Advisory Circulars.

Statement Of Medical Fitness

I, _____, certify that I have no known physical defect which makes me unable to pilot an ultralight vehicle. I further certify that if I become unable to safely operate an ultralight in flight that I will not conduct any operations unless and until such condition no longer exists.

Please answer the following questions:

Are you at least 16 years of age? _____ Yes _____ No

Eyesight. Do you have a distant visual acuity of 20/50 or better in one eye, without correction; or if your vision is poorer than 20/50 can it be corrected to 20/50 with corrective lenses? (You may be qualified on the condition that you wear those corrective lenses while exercising USUA/USPPA Pilot and/or Instructor privileges.)
_____ Yes _____ No

Can you speak, read and write the English Language?
_____ Yes _____ No

Do you hold any certificates issued by the FAA _____ Yes _____ No?

If yes, FAA Certificates Held _____

Airman Activity Summary

These questions pertain to solo and tandem PPG flying over the past two years.

Hours PPG Pilot time _____
past two years total time

Hours of PPG Cross Country _____

PPG Pilot time (previous six months) _____

How many flying sites or airports have you flown from? _____

Ultralight flying is a potentially dangerous activity that can result in injury or death. EACH INDIVIDUAL PARTICIPANT, REGARDLESS OF EXPERIENCE, HAS FINAL RESPONSIBILITY FOR HIS OR HER OWN SAFETY.

THE UNITED STATES ULTRALIGHT ASSOCIATION AND THE UNITED STATES POWERED PARAGLIDING ASSOCIATION are voluntary membership organizations of the participants and supporters of ultralight aviation.

USUA & USPPA, AS PRIVATE NON-REGULATORY ORGANIZATIONS WHICH HAVE NO LEGAL AUTHORITY TO REGULATE OR CONTROL INDIVIDUALS OR CORPORATIONS, CANNOT BE HELD LIABLE FOR ANY FLIGHT OPERATIONS THAT RESULT IN INJURY OR DEATH TO ANY PARTY.

All references by USUA & USPPA to self-regulation refer to each individual person regulating or being responsible for him or herself. It is the responsibility of each student to ask whatever questions are necessary for him or her to have a thorough understanding of the actions and procedures that he or she must perform in order to make a safe flight. Each ultralight pilot has the responsibility to exercise certain practices and perform certain actions to maintain safety for himself or herself and for other people.

BY MY SIGNATURE, I CERTIFY THAT I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS, AND THAT ALL INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE.

Applicant Signature

Applicant Printed Name

Date

RATING INFORMATION

(To Be Completed By The Instructor)

Applicant (Printed Name) _____

☐ Solo Rating

☐ PPG 1 ☐ PPG2 ☐ PPG3 ☐ INSTRUCTOR

Solo Launch Skill

☐ FL (Foot Launch) ☐ WL (Wheel Launch)

☐ Tandem Rating

☐ TT (Tandem Trainee) ☐ TI (Tandem Instructor)

Tandem Launch Skill

☐ FL (Foot Launch) ☐ WL (Wheel Launch)

Training History

Hours/Days of Training Given _____

Test Results

☐ Written Test Score _____

☐ FOI Score (if applicable) _____

☐ First Aid/CPR (if applicable) Score _____

Instructor Endorsement

As the recommending Instructor or Administrator I hereby certify that the above named individual has received the training as prescribed in the USUA/USPPA PPG Airman Registration Program, passed all required tasks and testing, and has demonstrated competence at the level indicated by the rating.

Instructor/Administrator Signature

_____/_____/_____
Date

Member #

Flight School

REGISTRATION FEES

(As Applicable)

☐ TRANSITIONING & NEW PPG PILOT:

NO CHARGE

☐ TRANSITIONING & NEW PPG INSTRUCTOR:

\$10 (CREDIT AVAILABLE FROM USPPA)

☐ TRANSITIONING & NEW PPG TANDEM INSTRUCTOR:

\$20 (CREDIT AVAILABLE FROM USPPA)

Fees are payable in check, money order, DISCOVER, VISA or MasterCard. PLEASE, DO NOT SEND CASH

☐ USUA Membership Dues **\$30.00**

Current USUA membership is required for SOLO & TANDEM INSTRUCTOR registration, and recommended for PILOT registration.

Membership Dues are in addition to any applicable registration fees.

New or renewing USUA member?

Don't forget to add a discounted subscription to:*

☐ UltraFlight Magazine **\$26.95***

☐ Ultralight Flying! Magazine **\$34.95***

☐ Air & Space Magazine **\$19.00***

TOTAL

PAYMENT INCLUDED \$ _____

***\$30 ANNUAL MEMBERSHIP DUES MUST BE INCLUDED WHEN ORDERING DISCOUNTED MAGAZINES.**

***MAGAZINES NOT SOLD SEPERATELY AT DISCOUNTED PRICES TO NON-USUA MEMBERS.**

METHOD OF PAYMENT

☐ Check ☐ Money Order (Payable on U.S. Bank in U.S. Funds)

☐ Discover/MasterCard/VISA Credit Card No. _____ Exp. Date ____/____/____

Cardholder's Printed Name: _____ Cardholders Signature _____