



# USHPA PILOT PROFICIENCY PROGRAM RADIO AUTHORIZATION REQUEST

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300,  
www.usHPA.aero, info@ushpa.aero

**Use this form to apply for authorization to use USHPA Radio Frequencies. Fee is \$15.00 USD for each authorization requested.**

### General Information

Name of Pilot \_\_\_\_\_ USHPA # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Special Skill Award Information

*Issuing Official may be either a USHPA Certified Instructor or USHPA Observer, but must possess the same Radio Authorization(s) being issued here.*

Check one or both:

- Personal Radio Authorization (PA) – *Hand-held*
- Vehicular Radio Authorization (VA) – *Fixed vehicular/hard-wired base station*

By accepting this appointment, I agree that my use of the USHPA radio frequencies will be in compliance with USHPA radio guidelines and all applicable radio operation regulations of the Federal Communications Commission (FCC). I also agree that if I should not operate radio equipment responsibly, this could be cause for revocation.

Pilot Signature \_\_\_\_\_ Date: \_\_\_\_\_

I agree that this pilot has been trained in proper radio use procedures and qualifies for this credential:

Issuing Official Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information

Make checks payable to USHPA. Credit Cards accepted. **International payments must be in U.S. Funds drawn on a U.S. Bank.**

Credit Card Type:  VISA  Master Card  American Express

Credit Card # \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_