



USHPA SAFE PILOT AWARD APPLICATION

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

Pilot Name _____ USHPA # _____ Award Level _____

Based on having logged _____ consecutive safe flights between _____ and _____.
(# of Flights) (Start Date) (End Date)

Check one: Hang Gliding Paragliding

I certify that during the period of time shown above, I flew in a safe manner, I logged every flight I made, and I did not incur any injury as a result of hang gliding/paragliding which is required (or which to a prudent person would clearly indicate the need for) treatment by a licensed medical professional.

Pilot Signature USHPA # Date

Witnessing Members' Statement

Read instructions on reverse. Three USHPA member signatures required.

I certify that I have personally known the above named applicant during the period of time stated on this application, that I have examined their log book which lists the flights indicated for the time period indicated on this application, and that to the best of my knowledge the applicant's statements on this application qualifying him/her for the USHPA Safe Pilot Award are true.

(Member Signature/Printed Name) (USHPA #) (Date)

(Member Signature/Printed Name) (USHPA #) (Date)

(Member Signature/Printed Name) (USHPA #) (Date)

USHPA Director's Statement

Read instructions on reverse.

I certify that I am currently a USHPA Regional, At-Large, Honorary, or Executive Director. And that I have examined the log book of the above named applicant for the period shown above on this application. I believe that the statements made on this application qualifying this applicant for the Award indicated are true, and I submit this application with approval for the Award indicated.

(Director's Signature/Printed Name) (USHPA #) (Date)