



USHPA APPOINTMENT AND ACCEPTANCE FORM

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300,
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Use this form to appoint USHPA Officials and collect acceptance of those appointments.

General Information

Name of Appointee _____ USHPA # _____
Address _____ City _____ State _____ ZIP _____
Phone _____ E-Mail Address _____

Appointment Information

This is to verify that I, _____ do accept the following appointment(s):

Hang Gliding Appointments

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> HG Examiner | <input type="checkbox"/> HG Tandem Administrator | <input type="checkbox"/> HG Towing Administrator (circle: ST PL AT) |
| <input type="checkbox"/> HG Observer | <input type="checkbox"/> HG Instructor Administrator | <input type="checkbox"/> HG Towing Supervisor (circle: ST PL AT) |
| <input type="checkbox"/> HG Mentor | | <input type="checkbox"/> HG Aerotow Pilot (include a \$15 processing fee) |

Paragliding Appointments

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> PG Examiner | <input type="checkbox"/> PG Tandem Administrator | <input type="checkbox"/> PG Towing Administrator - ST |
| <input type="checkbox"/> PG Observer | <input type="checkbox"/> PG Instructor Administrator | <input type="checkbox"/> PG Towing Supervisor - ST |
| <input type="checkbox"/> PG Mentor | | <input type="checkbox"/> PG Tow Tech (enclose a \$15 processing fee) |

to help administer the USHPA Pilot Proficiency Program. I have read the detailed material contained in the USHPA Standard Operating Procedures and job descriptions regarding my appointment, understand the responsibilities I have accepted, and willingly undertake to discharge them faithfully and impartially, in accordance with USHPA Standard Operating Procedures, without favoritism, to the very best of my ability.

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

_____ (initial) I acknowledge and accept that, by accepting this appointment, my contact information will be displayed on the USHPA public website so that I can be contacted by members in execution of my duties.

Signed _____ Date _____

Appointing Official

All appointments must be approved by USHPA Officials as outlined in Standard Operating Procedures 02-06, 12-05, 12-10 and 12-11 and are subject to qualification for that appointment.

This is to certify that I, _____ USHPA # _____ do appoint the above named individual for the appointment(s) as indicated above. I attest that the above named individual fully qualifies for the appointment to which he/she is being appointed and that I am qualified to make such an appointment.

Signed _____ Date _____