I, First and last name o	f S&TA, an appointed USPA Safety and Training advisor(S&TA), verify that
First and last ages of san	
First and last name of cand	has completed the following:
S&TA Initials 1. More than 1	•
	250 skydives in the previous 12 months
	<u>oy make/model</u> <u>Canopy Size</u> completed at least one of the following:
(Initial all th	• • • •
	re than 100 skydives in the previous 12 months
<u>S&amp;TA Initials</u> <b>Mo</b>	ore than 500 jumps total on the above canopy.
	canopy in a manner to promote a smooth flow of traffic:
	Maintains vertical separation from other canopies
	Maintains horizontal separation from other canopies
	lies a predictable landing pattern
	ands in a proper landing direction
	Performs turns at appropriate altitudes
<u>S&amp;TA Initials</u> f. P	Performs on target landings
By signing below I am offering my end canopy.  Safety and Training Advisor (S&TA)	lorsement that the above stated canopy pilot is qualified as defined above to fly the above stated
Signature:	Date:
Print Name:	
Contact information:	
	Home Drop Zone:
Phone: ( )	
Licensed Skydiver	
Signature:	Date:
Print Name:	
Contact information:	
USPA Member Number:	USPA License Number:
Home Drop Zone:	Phone: ( )
·	<del></del>

Please submit a scanned copy to <a href="mailto:Skydive@Harveyfield.com">Skydive@Harveyfield.com</a> to facilitate the sign in process. Please bring the original copy along with a signed logbook entry of your last skydive to verify currency.