



USHPA PILOT PROFICIENCY PROGRAM RADIO AUTHORIZATION REQUEST

Processing Fee is \$15.00 per form submitted. Forms without payment cannot be processed.
This form can be faxed or emailed back to USHPA with a credit card number for payment.

Overnight or Priority Mail:
1685 W Uintah
Colorado Springs, CO 80904

www.ushpa.aero
719-632-8300 • 800-616-6888
Fax: 719-632-6417 Email: info@ushpa.aero

Snail Mail
PO Box 1330
Colorado Springs, CO 80901

Pilot Information

Pilot Name _____ Pilot USHPA # _____
Address (Check if New) _____
City _____ State _____ ZIP _____ Phone _____
E-Mail Address _____ Date of Birth _____

Special Skill Award Information

Issuing Official can be any USHPA Certified Instructor or USHPA Observer.

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 _____ USHPA#: _____ Date: _____

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

Issuing Official Signature _____ USHPA#: _____ Date: _____