UPRT Network: Accredited Membership Interest & Pre-Application Assessment Form

Our Mission: The UPRT Network (UPRTN) is dedicated to identifying, promoting, and maintaining best practices for Upset Prevention and Recovery Training (UPRT) in General Aviation. We are dedicated to reducing accident rates and enhancing flight safety through effective education and training programs.

Please complete the following form to express your interest and conduct a preliminary self-assessment against our core requirements.

I. Applicant & Business Information

Please provide your contact and business details:

1. Business Name: _____

2. Primary Contact Name:

_____

3. Title: _____

4. Email Address: _____

5. Phone Number: _____

6. Physical Address of Operation (Street, City, State/Province, Country):

_____

_____

II. Preliminary Business & Operational Readiness Self-Assessment

Review the following criteria. Please check the box that best describes your current status and add any specific comments, context, or plans for areas you are still working on. Please double click the box you would like to check, then select “Checked” under “Default Value”.

1. Legal Standing: Are you a legal business following the laws of your state? Do you have the financial and legal documents to support this?

☐**Yes, Fully Meet** | ☐**No, Working on It** *Comments:*

_____

_____

2. Insurance: Are you properly insured for all your operations and training activities?

☐**Yes, Fully Meet** | ☐**No, Working on It** *Comments:*

_____

_____

3. Facilities: Do you have (or access to) proper ground training facilities?

☐**Yes, Fully Meet** | ☐**No, Working on It** *Comments:*

_____

_____

4. FAA Compliance: Do your operations and maintenance conform to all FAA regulatory requirements?

☐**Yes, Fully Meet** | ☐**No, Working on It** *Comments:*

_____

_____

5. Equipment: Do you have all the proper and necessary equipment for the training you provide?

☐**Yes, Fully Meet** | ☐**No, Working on It** *Comments:*

_____

_____

6. Syllabus: Do you have a proper, documented syllabus for each UPRT course you offer?

☐**Yes, Fully Meet** | ☐**No, Working on It** *Comments:*

_____

_____

III. Commitment to Formal Evaluation

Accredited Membership requires a formal, on-site evaluation, which includes an inspection of your business, aircraft, and a sampling of your training. Please note that **a cost will be associated with this evaluation.**

7. Evaluation Willingness: Are you willing to pursue membership/accreditation via the formal evaluation process by current members of the UPRT Network, and are you aware of the associated cost?

☐**Yes, I am willing to proceed with the formal evaluation process.** ☐**No, I am not ready for the formal evaluation at this time.**

IV. Certification & Signature

I certify that the information provided above is accurate to the best of my knowledge and that I understand this submission registers my interest in pursuing Accredited Membership with the UPRT Network.

Print Name: **Date:**

_____

Signature: _____

Thank you for your commitment to UPRT excellence. A UPRTN representative will contact you soon regarding the next steps.