

INTERNATIONAL PROFICIENCY CERTIFICATE (IPC)
APPLICATION

Write your membership #
on the back
of the photo
and clip

HERE

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

US Sailing # _____ (You must be a current member to purchase)

IPC Categories for which you are applying:

Sail –
***You must have the following
US Sailing Certifications***

Basic Keelboat
Basic Cruising
Bareboat Cruising

Power 26-52 ft in length –
***You must have the following
US Powerboating Certifications***

Basic Powerboat Cruising
Coastal Powerboat Cruising (formally known as Inshore
Powerboat Cruising)

We ask that you adhere to the following regarding pictures:

- 2x2 inches in size
- Taken within the past 6 months, showing current appearance
- Color or black and white
- Full face, front view with a plain white or off-white background
- Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head
- Taken in normal street attire
- Uniforms should not be worn in photographs. If wearing head covering daily for religious or medical reasons include a statement explaining that.
- Do not wear a hat or headgear that obscures the hair or hairline.
- If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture.
- Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons. A medical certificate may be required.

If you are sending us a photo electronically for us to print, please email this document and image to certificate@ussailing.org.

International Proficiency Certificate	\$ 40.00
Member supplied photo	\$ 0.00
Member supplies digital image for US Sailing to print *\$10.00	\$_____
Shipping and handling	\$ 0.00
RI sales tax (if applicable) 7%	\$_____
You must be a current member of US Sailing to purchase. If not a current member, a 1 year membership is \$65.00.	\$_____
 TOTAL DUE US Sailing	 \$_____

Enclosed is my check/money order payable to US Sailing

or Charge my Visa MasterCard American Express

Card No _____ Expiration Date ____/____

Signature_____

Please mail to: US Sailing, 1 Rodger Williams University Way, Bristol, RI 02809
or fax to 401-342-7940