



DIVEMASTER APPLICATION

OFFICE USE ONLY	
# -	_____
Cert. Date	_____
By	_____

PLEASE PRINT CLEARLY Return certification package to: Dive Center/Resort Instructor Applicant

Name _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ Business Phone (____) _____

FAX (____) _____ Email _____ Date of Birth _____
D/M/Y

Sex: M F Preferred Language _____ Where will you work after certification _____
Country

PREREQUISITE REQUIREMENTS

Must be PADI Advanced Open Water Diver, PADI Rescue Diver and Emergency First Response Primary Care (CPR) and Secondary Care (First Aid), or hold qualifying certifications from another organization. **Copies of ALL non-PADI certifications must be attached to this application.**

PADI AOW _____ PADI Rescue _____ EFR _____
Student Number Student Number Student Number

DIVEMASTER CERTIFICATION INFORMATION

This Application must be signed by the applicant and the certifying instructor (a PADI Open Water Scuba Instructor or higher level). This application does not constitute membership. Membership is activated only upon review and approval of this application by PADI.

PADI Divemaster Course Completion Date _____ Course Location _____
D/M/Y City/State/Province/Country

Certifying Instructor Name _____ Phone (____) _____

Dive Center/Resort Name _____ Store No. _____ Phone (____) _____

I have read the Membership Agreement,* and License Agreement,* and hereby consent and agree to the terms and conditions in their entirety. I understand and agree that any criminal conviction on my part involving abuse of a minor or sexual abuse of an adult occurring either during or prior to my membership with PADI, will be automatic grounds for denial or termination of my PADI Membership. I hereby certify that all the above statements are true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____
Signature — Required D/M/Y

I certify that all prerequisites and certification requirements have been met as outlined in the PADI *Instructor Manual*.

Certifying Instructor _____ PADI No. _____ Date _____
Signature — Required D/M/Y

I verify the applicant has logged 60 dives. Initials of verifying instructor _____ PADI No. _____

*Agreements are found in Divemaster Crew-pak or may be obtained from your instructor.

PAYMENT METHOD

See current price list for payment information.

MasterCard VISA American Express

Discover Card JCB

Check/Bank Draft No.* _____

***Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.**

Card Number _____

Card expiration date _____

Cardholder Name _____
Please Print

Authorized Signature _____

CARD OPTIONS

PADI Standard Card (no additional fee)

Support conservation with your Project AWARE version of the PADI Card:

Project AWARE Card _____
(Please indicate the amount of your donation.
For a minimum required for processing, please
contact your PADI Office)

PLEASE DO NOT WRITE IN THIS SPACE

Date _____

Amount _____

CHECKLIST

- Application completed in full
- Prerequisite information completed and required documentation attached
- Applicant and instructor signatures
- One photo attached (*print name on back*)

MAIL TO: Your PADI Office
Attn. Divemaster Certification
For mailing information, see current
price list or visit padi.com.

Tape / Attach a
4.5 cm x 5.7 cm
1 $\frac{3}{4}$ " x 2 $\frac{1}{4}$ " (approx.)

Head and Shoulder Photo

**PRINT NAME ON
BACK OF PHOTO**

Coin Machine Photos OK
No Dark Glasses

Place decal from
Instructor Manual
HERE

Rec'd _____

Ent _____

Shp'd _____