



ASSISTANT INSTRUCTOR APPLICATION

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

PLEASE PRINT CLEARLY

Return certification package to: Dive Center/Resort Instructor Applicant
 Check here if this is a change of address and you want our records changed accordingly.

Name _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____ Preferred Language _____

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

FAX (_____) _____ Email _____ Date of Birth _____ Sex: M F
D/M/Y

PREREQUISITES – PADI Divemaster certification or leadership-level certification from another recreational diver training organization is required as a prerequisite to the Assistant Instructor rating. Please complete the information below or submit proof of leadership-level certification as specified in the "Assistant Instructor Course Guide."*

Divemaster Number _____ Divemaster Certification Date _____
D/M/Y

Instructor Name _____ PADI No. _____
**If submitting proof of leadership-level certification, attach photocopies of prerequisite certifications and proof of CPR and first aid training.*

CERTIFICATION INFORMATION

This Application must be signed by the applicant and the certifying instructor (a PADI Course Director or IDC Staff Instructor).

PADI Assistant Instructor 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 PADI Membership Agreement and License Agreement and hereby consent and agree to the terms and conditions in their entirety.

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 Course Director Manual.

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

MEDICAL FORM – A current medical examination form must be submitted to your instructor before beginning the Assistant Instructor course. **The form must verify that you are physically fit for diving**, be signed and dated by a physician, and be submitted within 12 months of the examination. (PADI Divemasters who have a medical exam form on file with the instructor within the 12-month limit need not submit a new examination unless medical history has changed.)

PAYMENT METHOD

See current price list for payment information.

- MasterCard VISA American Express
 Discover Card JCB Maestro/Solo (UK only)
 Check/Bank Draft Number* _____

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

Card Number _____

Card expiration date _____ Security code _____

Maestro/Solo valid from date _____ Or Issue No. _____ (UK only)

Cardholder Name _____
Please Print

Authorized Signature _____

CARD OPTIONS

- PADI Standard Card (no additional fee)
 Project AWARE Foundation Card (Optional)(Contact your PADI Office for minimum donation)
 Additional Project AWARE Foundation donation (Optional) To help preserve the environment

CHECKLIST

- Application completed in full
 Prerequisite information completed and required documentation attached
 Applicant and instructor signatures
 Medical exam form (on file with instructor)
 Photo attached (*print name on back*)
 See price list for fee (*fee includes a quarterly subscription to The Undersea Journal valued at \$12*)

PLEASE DO NOT WRITE IN THIS SPACE	
Date	_____
Amount	_____

Tape / Attach a 4.5cm x 5.7 cm 1 3/4" x 2 1/4" (approx.)	
Head and Shoulder Photo	
PRINT NAME ON BACK OF PHOTO	
Coin Machine Photos OK No Dark Glasses	

MAIL TO: Your PADI Office – For mailing information, see current price list or visit padi.com. Rec'd _____ Ent _____ Shp'd _____