

**PADI ASSISTANT INSTRUCTOR APPLICATION**

OFFICE USE ONLY

#A - _____

Cert. Date _____

By _____

PLEASE TYPE OR PRINT CLEARLY Check here if this is a change of address and you want our records changed accordingly. Return certification package to: Dive Center/Resort Instructor ApplicantName _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Postal/Zip Code _____

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

FAX (_____) _____ email _____ Birthdate _____
Day/Month/YearSex M F Occupation _____**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 _____
Day/Month/Year

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).

Certifying Instructor Name _____ PADI No. _____

Dive Center/Resort Name _____ Store Number _____

Course Location (City/State/Province/Country) _____

Assistant Instructor Certification Date _____
Day/Month/Year

Applicant Signature _____ Date Signed (Day/Mo/Yr) _____

Certifying Instructor Signature _____ Date Signed (Day/Mo/Yr) _____

DO NOT WRITE IN THIS SPACE

Date _____

Amount _____

MEDICAL FORM A current medical examination form (use the PADI Medical Statement 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.)**FEE** See current PADI Price List for processing fee. All memberships expire on 31 December of the current year, regardless of date certified. Applications for renewal of your membership will be mailed to you at the appropriate time.**PAYMENT METHOD**

See current price list for payment information.

 Check Mastercard VISA Switch Issue No. _____ Discover Card AMEX JCB

Card No. _____

Expiration Date _____

Cardholder Name _____
Please Print

Authorized Signature _____

MAIL TO YOUR PADI OFFICE

See price list for mailing information.

Please be sure to enclose all required materials (see checklist).

Rec'd _____ Ent _____ Shp'd _____

CHECKLIST

- Application completed in full
- Prerequisite information completed and required documentation attached
- Enclosed processing fee (see current price list for fee)
- Applicant and instructor signatures
- One photo (print name on back)
- Medical exam form (on file with instructor)

Tape / Attach 1

4.5cm x 5.7cm

1 3/4" x 2 1/4"

Head and Shoulder Photo

**PRINT NAME ON
BACK OF PHOTO**

Coin Machine Photos OK

No Dark Glasses