



# 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 \_\_\_\_\_ Student Number PADI Rescue \_\_\_\_\_ Student Number EFR \_\_\_\_\_ 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 \_\_\_\_\_ D/M/Y Course Location \_\_\_\_\_  
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 \_\_\_\_\_ Signature — Required PADI No. \_\_\_\_\_ Date \_\_\_\_\_  
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     Maestro/Solo (UK only)  
 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 \_\_\_\_\_

Maestro/Solo valid from date \_\_\_\_\_ or Issue No. \_\_\_\_\_ (UK only)

Cardholder Name \_\_\_\_\_  
Please Print

Authorized Signature \_\_\_\_\_

## CARD OPTIONS

- PADI Standard Card (no additional fee)

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

- Project AWARE Foundation 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*)  
 Please check box if DSD Internship Completion form is attached #10151  
 See price list for fee  
(*Fee includes a quarterly subscription to The Undersea Journal valued at \$12 or equivalent in local currency.*)

**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 <sup>3</sup> / <sub>4</sub> " x 2 <sup>1</sup> / <sub>4</sub> " (approx.) Head and Shoulder Photo <b>PRINT NAME ON BACK OF PHOTO</b> Coin Machine Photos OK No Dark Glasses
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Rec'd \_\_\_\_\_

Ent \_\_\_\_\_

Shp'd \_\_\_\_\_