



DIVEMASTER APPLICATION

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

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

Name _____

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

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

FAX (_____) _____ Email _____ Birth Date _____ 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 (EFR) 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 _____ Course Location _____
Day/Month/Year 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 Day/Month/Year

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 Day/Month/Year

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.

FEES – See current PADI Price List for processing fee. All memberships expire on 31 December of the current year, regardless of date certified. Application for renewal of your membership will be mailed to you at the appropriate time.

DO NOT WRITE IN THIS SPACE	
Date _____	_____
Amount _____	_____

CHECKLIST

- Application completed in full
 - Applicant and instructor certification signatures
 - One photo (print name on back)
 - Application Fee** _____
(See current price list for fees.)
 - Project AWARE Card (Optional)** _____
(Contact your PADI Office for fee.)
- Total Payment** _____

PAYMENT METHOD

Check MasterCard VISA AMEX Discover

JCB Switch/Solo Issue No. _____
(Not Valid in U.S.A.)

Card No. _____

Expiration Date _____ (Valid From Date - UK Only)

Cardholder Name _____
(Please Print)

Authorized Signature _____

Cardholder Address _____
(If different from applicant.)

Attach 1	
4.5cm x 5.7 cm	
1 3/4" x 2 1/4"	
Head and Shoulders Photo	
PRINT NAME ON BACK OF PHOTO	
Coin Machine Photo OK	
No Dark Glasses	

Mail to Your PADI Office,
Attn. Divemaster Certification

Rec'd _____ Ent _____ Shp'd _____