IDC STAFF INSTRUCTOR APPLICATION

OFFICE USE ONLY
- _____
Cert. Date _____
By _____

REQUIREMENTS:

1. Be renewed and in Teaching status as a PADI Open Water Scuba Instructor or above for the current year.
2. Be certified as a PADI Master Scuba Diver Trainer.
3. Have successfully completed a sanctioned PADI IDC Staff Instructor Training Course (verified by Course Director signature below).
4. Agree to conduct all levels of diver training consistent with the standards and philosophy outlined in the PADI *Instructor Manual* and use the PADI System and components in their entirety.

PLEASE PRINT CLEARLY

☐ **Check here if this is a change of address and you want our records changed accordingly.**

Name _____ PADI No. _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

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

FAX (_____)_____ Email _____

Date of Birth _____ Sex: ☐ M ☐ F **Certification Date** _____
D/M/Y

CERTIFICATION AUTHORIZATION — Application must be signed by the certifying Course Director.

I certify that the above named individual has successfully completed a PADI-sanctioned IDC Staff Instructor Training Course under my direction and is qualified for certification as a PADI IDC Staff Instructor.

_____ _____
Course Director Name (Please Print) Course Director Signature

Date IDC Staff Instructor Training Course was completed _____ PADI No. **CD-**_____
D/M/Y

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

Dive Center/Resort Name _____ Store No. _____

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 _____

CHECKLIST

☐ Application completed in full
☐ Signed by course director
☐ One photo attached
☐ 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 _____

MAIL TO – Your PADI Office

For mailing information, see current price list or visit padi.com.

Rec'd _____

Ent _____

Shp'd _____

Tape / Attach a
4.5cm 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

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