



PADI
padi.com

ASSISTANT INSTRUCTOR APPLICATION

OFFICE USE ONLY	
# A- _____	_____
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 _____

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

FAX (_____) _____ Email _____ Birth Date _____ Sex: M F
Day/Month/Year

PREREQUISITE REQUIREMENTS — 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).

PADI Assistant Instructor 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 PADI 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 Course Director Manual.

Certifying Instructor _____ PADI No. _____ Date _____
Signature Day/Month/Year

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.)

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
 - Prerequisite information completed and required documentation attached
 - Applicant and instructor signatures
 - Medical exam form (on file with instructor)
 - 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

Rec'd _____ Ent _____ Shp'd _____