



**PADI**<sup>®</sup>  
padi.com

# ASSISTANT INSTRUCTOR APPLICATION

OFFICE USE ONLY	
# -	_____
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 \_\_\_\_\_ Preferred Language \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  M  F  
D/M/Y

**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 \_\_\_\_\_  
D/M/Y

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 \_\_\_\_\_  
D/M/Y 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 D/M/Y

**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 D/M/Y

**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.)

## PAYMENT METHOD

See current price list for payment information.

- MasterCard  VISA  American Express  
 Discover Card  JCB  
 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 \_\_\_\_\_

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

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

## CARD OPTIONS

- PADI Standard Card (no additional fee)  
 Project AWARE 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  
 Instructor Candidate Information and Training Record form attached  
 Instructor Candidate Information and Training Record form attached  
 Medical exam form (on file with instructor)  
 Photo attached (*print name on back*)  
 See price list for fee)

Tape / Attach a 4.5 cm x 5.7 cm 1 3/4" x 2 1/4" (approx.)	
Head and Shoulder Photo	
<b>PRINT NAME ON BACK OF PHOTO</b>	
Coin Machine Photos OK No Dark Glasses	

**MAIL TO:** Your PADI Office – For mailing information, see current price list or visit padi.com. Rec'd \_\_\_\_\_ Entr'd \_\_\_\_\_ Shp'd \_\_\_\_\_