



# MASTER SCUBA DIVER TRAINER APPLICATION

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

## For use by PADI Open Water Scuba Instructors.

The MASTER SCUBA DIVER TRAINER rating is awarded to Open Water Scuba Instructors who are certified in five or more PADI Specialty Instructor ratings and who have certified at least 25 PADI divers.

### PLEASE PRINT OR TYPE

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

Instructor Name \_\_\_\_\_ PADI No. \_\_\_\_\_

First

Initial

Last

Instructor Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

FAX (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

### PADI INSTRUCTOR SPECIALTY CERTIFICATIONS HELD

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> ALT -Altitude Diver                       | <input type="checkbox"/> DPV -Diver Propulsion Vehicle | <input type="checkbox"/> FID -Fish Identification | <input type="checkbox"/> NAT -U/W Naturalist  | <input type="checkbox"/> RECV -Search & Recovery Diver |
| <input type="checkbox"/> ATLE -Atlantis/Dolphin Rebreather         | <input type="checkbox"/> DRIF -Drift Diver             | <input type="checkbox"/> FOTO -U/W Photographer   | <input type="checkbox"/> NAVI -U/W Navigator  | <input type="checkbox"/> VID -Underwater Videographer  |
| <input type="checkbox"/> BOAT -Boat Diver                          | <input type="checkbox"/> DRY -Dry Suit Diver           | <input type="checkbox"/> HUNT -Underwater Hunter  | <input type="checkbox"/> NITE -Night Diver    | <input type="checkbox"/> WRCK -Wreck Diver             |
| <input type="checkbox"/> CAVN -Cavern Diver                        | <input type="checkbox"/> EANX -Enriched Air            | <input type="checkbox"/> ICE -Ice Diver           | <input type="checkbox"/> RAY -Ray Rebreather  |  |
| <input type="checkbox"/> DEEP -Deep Diver                          | <input type="checkbox"/> EQUI -Equipment Specialist    | <input type="checkbox"/> MULT -Multilevel Diver   | <input type="checkbox"/> RSCH -Research Diver |  |
| <input type="checkbox"/> DIST -Name of Distinctive Specialty _____ |  |   |   |  |

I certify that the information contained here is true and correct to the best of my knowledge and understand that this certification is subject to the approval of the PADI Review Board.

Signature \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_

**FEE** See current price list for processing fee.

### PAYMENT METHOD

Check  MasterCard  VISA  Switch Issue No. \_\_\_\_\_

Discover  AMEX  JCB

Expiration Date \_\_\_\_\_

Card No. \_\_\_\_\_

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

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

### CHECKLIST

Application completed in full and signed

Processing fee (see current price list for fee)

1 Photo (4.5cm x 5.7cm / 1 3/4" x 2 1/4") print name on back

DO NOT WRITE IN THIS SPACE

Date \_\_\_\_\_

Amount \_\_\_\_\_

Tape / Attach 1  
4.5 cm x 5.7 cm  
1 3/4" x 2 1/4"  
Head and Shoulder Photo

**PRINT NAME ON  
BACK OF PHOTO**

Coin Machine Photo OK  
No Dark Glasses

### SEND APPLICATION TO YOUR PADI OFFICE

See your current price list or visit us on the web for contact information.

Rec'd \_\_\_\_\_ Ent \_\_\_\_\_ Shp'd \_\_\_\_\_