

SPECIALTY INSTRUCTOR TRAINER APPLICATION

| OFFICE USE ONLY | | | |
|-----------------|--|--|--|
| # | | | |
| Cert. Date | | | |
| Ву | | | |

REQUIREMENTS:

- 1. Be a current PADI Course Director.
- 2. Be certified as a PADI Specialty Instructor in the selected specialties.
- 3. Be currently renewed in Teaching Status.

- 4. Meet current insurance requirements.
- 5. Sign the Standardized Guide Statement below, or submit a proposed guide of the Distinctive Specialty Course.*

*Note: Guides must be complete, including all open water training. In addition, guides must meet the minimum criteria for this

| accordingly. | | DADIN OR | | |
|---|---|---|---|--|
| NameFirst | Initial | Last | ADI No. CD- | |
| Mailing Address | | | | |
| | | State/Province | | |
| | | Zip/P | | |
| lome Phone () | | Business Phone () | | |
| AX () | | Email | | |
| HECK THE SPECIAL | TY INSTRUCTOR (| COURSES YOU WISH 1 | TO TEACH | |
| pecialty Courses for which PADI s Adaptive Techniques Specialist Altitude Diver Boat Diver Cavern Diver Deep Diver Delayed Surface Marker Buoy Diver Digital U/W Photographer | ☐ Distinctive Specialty ☐ Diver Propulsion Vehicle ☐ Drift Diver ☐ Dry Suit Diver ☐ Emergency Oxygen Provider ☐ Enriched Air ☐ Equipment Specialist | ☐ Fish ID | Self-Reliant Diver Sidemount Diver Underwater Videographer Wreck Diver | |
| itle | | acters including spaces | | |
| STANDARDIZED GUIDE I will be using the PADI Standardize | | D/M/Y ides for these courses. PADI No. | Date | |
| | Signature | FADI NO | | |
| selection, you will only rece | ive an approval letter. | or both, please check the appropriate ite e 4.5cm x 5.7cm / 1-3/4" x 2-1/4" color | | |
| PAYMENT METHOD | | CHECKLIST | | |
| See current price list for pay | ment information. American Express | □ Application completed in full □ Prerequisite and specialty information completed □ Proposed guides (if applicable) □ Application completed in full and signed □ One photo attached (Include only if requesting a replacement card.) | | |
| Check/Bank Draft <mark>must be payab</mark> Regional Headquarters the applica | | • | | |
| Card Number | | CARD OPTIONS PADI Standard Card (no addition | anal fool | |
| Card expiration date | | ☐ Donate to support ocean protection to receive the Project AWARE | | |
| | | version of your FADI card. | version of your PADI card: [] Project AWARE Card (minimum donation £10/€10/\$10AU | |
| Cardholder Name | Please Print | Please indicate the amount of y | (minimum donation £10/€10/\$10A0 your donation. | |
| Authorized Signature | | For mailing information, see curren | | |