



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 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 _____

PADI INSTRUCTOR SPECIALTY CERTIFICATIONS HELD

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Altitude Diver | <input type="checkbox"/> Distinctive Specialty | <input type="checkbox"/> Dry Suit Diver | <input type="checkbox"/> Multilevel Diver | <input type="checkbox"/> Public Safety Diver |
| <input type="checkbox"/> Atlantis/Dolphin Rebreather | <input type="checkbox"/> Deep Diver | <input type="checkbox"/> Enriched Air | <input type="checkbox"/> U/W Naturalist | <input type="checkbox"/> Ray Rebreather |
| <input type="checkbox"/> AWARE Fish ID | <input type="checkbox"/> Digital U/W Photographer | <input type="checkbox"/> Emergency Oxygen Provider | <input type="checkbox"/> U/W Navigator | <input type="checkbox"/> Search & Recovery Dive |
| <input type="checkbox"/> Boat Diver | <input type="checkbox"/> Diver Propulsion Vehicle | <input type="checkbox"/> Equipment Specialist | <input type="checkbox"/> Night Diver | <input type="checkbox"/> Sidemount Diver |
| <input type="checkbox"/> Cavern Diver | <input type="checkbox"/> Drift Diver | <input type="checkbox"/> Ice Diver | <input type="checkbox"/> U/W Photographer | <input type="checkbox"/> Underwater Videographer |
| | | | | <input type="checkbox"/> Wreck Diver |

Title(s) _____

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 PADI.

Signature Date _____
D/M/Y

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 _____

CHECKLIST

- Application completed in full and signed
- One 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	
PRINT NAME ON BACK OF PHOTO	
Coin Machine Photos OK	
No Dark Glasses	

MAIL TO: Your PADI Office
For mailing information, see current price list or visit padi.com.

CARD OPTIONS

- PADI Standard Card (no additional fee)
Support conservation with your Project AWARE version of the PADI Card:
- 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	_____

Rec'd _____ Entr'd _____ Shp'd _____