



# 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. \_\_\_\_\_

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"/> Deep Diver               | <input type="checkbox"/> Enriched Air         | <input type="checkbox"/> Night Diver             |
| <input type="checkbox"/> Atlantis/Dolphin Rebreather | <input type="checkbox"/> Digital U/W Photographer | <input type="checkbox"/> Equipment Specialist | <input type="checkbox"/> Ray Rebreather          |
| <input type="checkbox"/> AWARE Fish ID               | <input type="checkbox"/> Diver Propulsion Vehicle | <input type="checkbox"/> Ice Diver            | <input type="checkbox"/> Search & Recovery Diver |
| <input type="checkbox"/> Boat Diver                  | <input type="checkbox"/> Drift Diver              | <input type="checkbox"/> Multilevel Diver     | <input type="checkbox"/> U/W Photographer        |
| <input type="checkbox"/> Cavern Diver                | <input type="checkbox"/> Dry Suit Diver           | <input type="checkbox"/> U/W Naturalist       | <input type="checkbox"/> Underwater Videographer |
| <input type="checkbox"/> Distinctive Specialty       |   | <input type="checkbox"/> U/W Navigator        | <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     Maestro/Solo (UK only)  
 Check/Bank Draft Number\* \_\_\_\_\_

\*Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.

Card Number \_\_\_\_\_

Card expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Maestro/Solo valid from date \_\_\_\_\_ Or Issue No. \_\_\_\_\_ (UK only)

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

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

## CARD OPTIONS

- PADI Standard Card (no additional fee)

To help preserve the aquatic environment, please select and indicate the amount of donation:

- Project AWARE Foundation Card \_\_\_\_\_  
(Contact your PADI Office for minimum donation)  
 Additional Project AWARE Foundation donation \_\_\_\_\_  
(A donation of any amount is appreciated)

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

## CHECKLIST

- Application completed in full and signed  
 One photo attached (print name on back)  
 See price list for fee (fee includes a quarterly subscription to The Undersea Journal valued at \$12)

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

Tape / Attach a 4.5cm 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	
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PLEASE DO NOT WRITE IN THIS SPACE	
Date	_____
Amount	_____