



MASTER INSTRUCTOR APPLICATION

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

To apply for the PADI Master Instructor rating, submit this application, along with required documentation, a photo, and the processing fee to PADI for review and approval. For your convenience, please use the checklist below to ensure that you have included all required verification with this application.

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 _____

Dive Center/Resort (if applicable) _____ Number **S-** _____

REQUIREMENT	COMPLETED	VERIFICATION & DOCUMENTATION	Office Use
PADI Instructor for at least two years	Date certified: _____	Verified at PADI	
Teaching Status IDC Staff Instructor	Date certified: _____	Verified at PADI	
Renewed EFR Instructor	Renewal date: _____	Verified at PADI	
Participated in at least three PADI Instructor Development Seminars SEMINAR 1 _____ SEMINAR 2 _____ SEMINAR 3 _____	Date _____ Date _____ Date _____	Enclose Certificate of Participation, letter from Course Director, etc.	_____ _____ _____
Issued at least 150 PADI Diver certifications. At least 50 must be for Adventure Diver or higher with at least 15 of the certifications for PADI Specialty Diver, five for PADI Rescue Diver, five for PADI Divemaster and five for PADI Assistant Instructor.	Number of students Open Water _____ Advanced OW _____ Specialty Diver _____ Rescue Diver _____ Divemaster _____ Assist. Instructor _____	Verified at PADI (additional documentation, such as Training Completion Forms, may be requested to verify student numbers)	OW _____ AOW _____ Spec _____ MSD _____ Res _____ DM _____ AI _____
Issued completion cards to at least 10 Emergency First Response participants.	Number of students: _____	Verified at PADI	
No verified PADI Quality Assurance complaints for the past six months and no open inquiries		Verified at PADI	

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

Applicant's Signature (Required) _____ 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 _____

CHECKLIST

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

PLEASE DO NOT WRITE IN THIS SPACE
Date _____
Amount _____

Tape / Attach a 4.5cm 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

Rec'd _____ Ent _____ Shp'd _____