



DIVEMASTER APPLICATION

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

PLEASE PRINT CLEARLY

Legal Name _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ Mobile Phone (____) _____

Email _____

Date of Birth _____ Gender: ☐ Man/Male ☐ Woman/Female ☐ Non-binary/Non-conforming ☐ Prefer not to say
DD/MM/YYYY

Preferred Language _____ Where will you work after certification _____
City / State / Province / Country / Postal Code

DIVEMASTER CERTIFICATION INFORMATION

This Application must be signed by the applicant and the certifying instructor (a PADI Open Water Scuba Instructor or higher level). This application does not constitute membership. Membership is activated only upon review and approval of this application by PADI.

PADI Divemaster Course Completion Date _____ Course Location _____
D/M/Y City/State/Province/Country

Certifying Instructor Name _____ PADI No. _____

Dive Center/Resort Name _____ Store No. _____

I have read the Membership Agreement,* and License Agreement,* and hereby consent and agree to the terms and conditions in their entirety. I understand and agree that any criminal conviction on my part involving abuse of a minor or sexual abuse of an adult occurring either during or prior to my membership with PADI, will be automatic grounds for denial or termination of my PADI Membership. I hereby certify that all the above statements are true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____
Signature — Required D/M/Y

*Agreements are in the Divemaster Crew-pak or may be obtained from your instructor.

INSTRUCTOR ACKNOWLEDGMENT

I verify that:

- ☐ This divemaster candidate has met all prerequisites and certification requirements as outlined in the PADI *Instructor Manual*, including having a PADI Advanced Open Water Diver certification, PADI Rescue Diver certification and Emergency First Response Primary Care (CPR) and Secondary Care (First Aid) course completion within 24 months, OR hold qualifying certifications from another organization. And, has been medically evaluated and cleared for diving by a physician within 12 months.
- ☐ I have obtained, reviewed and confirmed all prerequisite certifications and will retain copies of required certifications and any other documents obtained as proof of the candidate's prerequisites. These will be available for inspection by PADI, if needed.
- ☐ This divemaster candidate has a personal set of current PADI Divemaster course materials, including a PADI *Instructor Manual*, as required by PADI Standards.
- ☐ This divemaster candidate has 60 logged dives, documenting experience in night diving, deep diving and underwater navigation.

Instructor
Initials

Certifying Instructor _____ PADI No. _____ Date _____
Signature — Required D/M/Y

PAYMENT INFORMATION

See current price list for application fee*

Who is paying the fee?

- ☐ PADI Center
- ☐ PADI Instructor
- ☐ Divemaster candidate

You'll receive an email from PADI Customer Relations with a link to initiate payment. Please provide contact information:

Payment Method?

- ☐ Credit Card
- ☐ PayPal
- ☐ Wire Transfer

* Note that the application fee covers new member/membership-level processing. Once certified, complimentary membership benefits are extended to the end of this calendar year. To continue your membership next year and onwards, you must renew annually.

☐ Yes! Sign me up for Automatic Renewal

Your Automatic Renewal will be charged to the credit card used for this application, or the updated credit card information you supply

CARD OPTIONS

- ☐ PADI Standard eCard (no additional fee)

Support conservation – donate to receive the PADI AWARE Foundation® version of your certification card:

- ☐ PADI AWARE Foundation eCard _____

(Please indicate the amount of your donation.

Minimum of 10 AUD, CDN, CHF, EURO, GBP, or USD)

PLEASE DO NOT WRITE IN THIS SPACE

Date _____

Amount _____

CHECKLIST

- ☐ Application completed in full
- ☐ Applicant and instructor signatures
- ☐ One photo attached (*digitally, or print name on back*)

EMAIL or MAIL TO YOUR PADI OFFICE:

Attn. Divemaster Certification

For contact information, see current price list or check: padi.com/padi-dive-centers/regional-support

Tape / Attach a

4.5 cm x 5.7 cm

1¾" x 2¼" (approx.)

Head and Shoulder Photo

**PRINT NAME ON
BACK OF PHOTO**

Coin Machine Photos OK

No Dark Glasses

Rec'd _____

Ent _____

Shp'd _____