

**PADI®**

# ASSISTANT INSTRUCTOR APPLICATION

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

**PLEASE PRINT CLEARLY** Return certification package to: ☐ Dive Center/Resort ☐ Instructor ☐ Applicant

☐ Check here if this is a change of address and you want our records changed accordingly.

Name \_\_\_\_\_  
First Initial Last

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
D/M/Y

Sex: ☐ M ☐ F Preferred Language \_\_\_\_\_

**PREREQUISITES** – PADI Divemaster certification or leadership-level certification from another recreational diver training organization is required as a prerequisite to the Assistant Instructor rating. Please complete the information below or submit proof of leadership-level certification as specified in the "Assistant Instructor Course Guide." \*

Divemaster Number \_\_\_\_\_ Divemaster Certification Date \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ PADI No. \_\_\_\_\_

*\*If submitting proof of leadership-level certification, attach photocopies of prerequisite certifications and proof of CPR and first aid training.*

## CERTIFICATION INFORMATION

This Application must be signed by the applicant and the certifying instructor (a PADI Course Director or IDC Staff Instructor).

PADI Assistant Instructor Course Completion Date \_\_\_\_\_ Course Location \_\_\_\_\_  
D/M/Y

Certifying Instructor Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ Store No. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I have read the PADI 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

**I certify that all prerequisites and certification requirements have been met as outlined in the PADI Course Director Manual.**

Certifying Instructor \_\_\_\_\_ PADI No. \_\_\_\_\_ Date \_\_\_\_\_  
Signature D/M/Y

**MEDICAL FORM** – A current medical examination form must be submitted to your instructor before beginning the Assistant Instructor course. The form must verify that you are physically fit for diving, be signed and dated by a physician, and be submitted within 12 months of the examination. (PADI Divemasters who have a medical exam form on file with the instructor within the 12-month limit need not submit a new examination unless medical history has changed.)

## PAYMENT METHODS

See current price list for application fee\*.

☐ American Express ☐ MasterCard ☐ VISA

Card expiration date \_\_\_\_\_

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

Cardholder Name \_\_\_\_\_

Please Print

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

☐ Fees sent by bank transfer (Please include applicant's full name, PADI Member number (if available) and note which credential applicant is applying for as a reference when making payments).

### ☐ Yes! Sign me up for Automatic Renewal

USING THE PAYMENT INFORMATION ABOVE

\* 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.

## CHECKLIST

- ☐ Application completed in full
- ☐ Prerequisite information completed and required documentation attached
- ☐ Applicant and instructor signatures
- ☐ Instructor Candidate Information and Training Record form attached
- ☐ Medical exam form (on file with instructor)
- ☐ One photo attached (*print name on back*)

**SUBMIT TO:** Your PADI Regional Headquarters  
For contact information, see current price list or visit [padi.com](http://padi.com).

## CARD OPTIONS

☐ PADI Standard Card (no additional fee)

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

☐ PADI AWARE Foundation Card \_\_\_\_\_  
(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 \_\_\_\_\_

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 \_\_\_\_\_