

**PADI®**

DIVEMASTER APPLICATION

OFFICE USE ONLY

- _____
Cert. Date _____
By _____**PLEASE PRINT CLEARLY**Return certification package to: ☐ Dive Center/Resort ☐ Instructor ☐ ApplicantName _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ Business Phone (____) _____

Email _____ Date of Birth _____
D/M/YSex: ☐ M ☐ F Preferred Language _____ Where will you work after certification _____
Country

PREREQUISITE REQUIREMENTS

Must be PADI Advanced Open Water Diver, PADI Rescue Diver and Emergency First Response Primary Care (CPR) and Secondary Care (First Aid), or hold qualifying certifications from another organization. **Copies of ALL non-PADI certifications must be attached to this application.**PADI AOW _____ Student Number
PADI Rescue _____ Student Number
EFR _____ Student Number

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 _____ D/M/Y Course Location _____
City/State/Province/Country

Certifying Instructor Name _____ Phone (____) _____

Dive Center/Resort Name _____ Store No. _____ Phone (____) _____

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**I certify that all prerequisites and certification requirements have been met as outlined in the PADI *Instructor Manual*.**Certifying Instructor _____ PADI No. _____ Date _____
Signature — Required D/M/Y**I verify the applicant has logged 60 dives. Initials of verifying instructor _____ PADI No. _____**

*Agreements may be obtained from your instructor.

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.

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 _____

CHECKLIST

- ☐ Application completed in full
- ☐ Prerequisite information completed and required documentation attached
- ☐ Applicant and instructor signatures
- ☐ One photo attached (*print name on back*)

SUBMIT TO: Your PADI Regional Headquarters Attn. Divemaster Certification

For contact information, see current price list or visit padi.com.

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

Place decal from
Instructor Manual here
or
enter product code:

Rec'd _____

Ent _____

Shp'd _____