

Divemaster Candidate Info Sheet

Name: _____

(As on your Government issued ID; middle initial is optional)

Note: if not including middle initial, provide here: _____

Phone Number: _____

Email: _____

Mailing Address:

Address: _____

Address: _____

City: _____

State: _____

Country: _____

ZIP: _____

Date of Birth: _____

Format example: 10AUG1979

Note: ALL DATES FOR ALL PADI DOCUMENTS MUST USE THIS FORMAT

Note: Medical Sign-off MUST USE THIS FORMAT including Physician's Date

Emergency Contact: _____

Contact' Phone #: _____

Number of Logged Dives: _____

CPR/FA Completion Date: _____

CPR/FA Training Agency: _____

Advanced Open Water #: _____

Rescue Diver #: _____

ALL SCUBA & CPR/FA Certifications:

For all PADI/EFR Courses nothing is required (confirm Name on Certification as listed above)

Attach .pdf of all Certifications issued by any Training Agency other than PADI/EFR

Credit Card information (ONLY USED to prepare PADI paperwork):

Card type (e.g. Visa/Amex, etc.): _____

Card number: _____

Expiry Date: _____

CVV (3 or 4 digit code): _____

Exact name on card: _____