

# TOTAL PACKAGE IDC 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: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Format example: 04JUL1776

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: \_\_\_\_\_

Divemaster (DM): \_\_\_\_\_

DM Number: \_\_\_\_\_

Certification Date: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Number: \_\_\_\_\_

PADI Shop: \_\_\_\_\_

PADI Shop Number: \_\_\_\_\_

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

Are you Enriched Air Certified: \_\_\_\_\_

Are you Emergency O2 Certified: \_\_\_\_\_

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

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

Card number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV (3 or 4 digit code): \_\_\_\_\_

Exact name on card: \_\_\_\_\_