



# PADI REBREATHING INSTRUCTOR APPLICATION



(qualified to teach PADI Rebreather Diver and Advanced Rebreather Diver on the specified rebreather only)

Applicant Name \_\_\_\_\_ PADI Number \_\_\_\_\_  
 (Please Print)

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_  
 Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Email \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Business Phone (\_\_\_\_) \_\_\_\_\_ Sex:  M  F Birthdate (D/M/Y) \_\_\_\_\_

## REQUIREMENTS FOR ALL APPLICANTS:

(to be initialled and completed by a PADI Rebreather Instructor Trainer only)

1. PADI Open Water Scuba Instructor, or PADI Instructor with a higher rating

2. PADI Deep Diver Specialty Instructor

3. PADI Enriched Air Diver Specialty Instructor

4. Certified as a PADI Advanced Rebreather Diver, or have a qualifying certification from another training organization

5. Minimum of 150 logged dives, where at least 75 dives were made on a Type R rebreather or CCR with at least 50 dives (30 Dives for additional unit qualification) and 50 hours (30 hours for additional unit qualification) on the specific Type R rebreather for which the instructor is qualifying as a PADI Rebreather Instructor

6. Successfully completed one of the following (tick one only):

PADI Rebreather Instructor Training Course     PADI Rebreather Instructor Additional Unit Course     PADI Rebreather Instructor Crossover Course

Rebreather Qualified on \_\_\_\_\_ Course Location \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

Instructor Trainer Name \_\_\_\_\_ PADI Number \_\_\_\_\_  
 (Please Print)

Instructor Trainer Signature \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

PADI Dive Center/Resort Name \_\_\_\_\_ PADI Number \_\_\_\_\_

7. Has successfully assisted on: \_\_\_\_\_

PADI Rebreather Diver Course or PADI Advanced Rebreather Diver Course    Course Location \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

Instructor Trainer Name \_\_\_\_\_ PADI Number \_\_\_\_\_  
 (Please Print)

Instructor Trainer Signature \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

PADI Dive Center/Resort Name \_\_\_\_\_ PADI Number \_\_\_\_\_

**Note:** Your application may need to include documentation/proof of meeting these requirements by including photocopies of instructor certification cards and other relevant course certifications and qualifications. Log entry copies or print outs must specify dates, depths, locations, times and gases used. Please include copies of all non PADI certifications.

**Applicant Acknowledgement:** I certify that the information on this application is true and correct to the best of my knowledge and understanding, and that this application is subject to approval by PADI.

Applicant Signature \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

## PAYMENT METHOD

See current price list for payment information.

MasterCard     VISA     American Express

Discover Card     JCB     Maestro (UK only)

Check/Bank Draft No.\* \_\_\_\_\_

\*Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.

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

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

Cardholder Name \_\_\_\_\_  
 (Please Print)

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

## MAIL TO – Your PADI Office

Attn. PADI Rebreather Instructor Certification  
For mailing information, see current price list or visit padi.com.

## CHECKLIST

- Application completed in full
- Requirements completed
- Successfully completed Rebreather Instructor Course Exam. Verification of course assistance, if required.
- Applicant and verifying instructor signatures
- One photo attached
- See price list for fee

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE

Date \_\_\_\_\_

Amount \_\_\_\_\_

Rec'd \_\_\_\_\_

Entr'd \_\_\_\_\_

Shp'd \_\_\_\_\_

Tape / Attach a  
4.5 cm x 5.7 cm  
1 3/4" x 2 1/4" (approx.)

Head and Shoulder Photo

**PRINT NAME ON  
BACK OF PHOTO**

Coin Machine Photos OK  
No Dark Glasses