



Tec 40 CCR INSTRUCTOR APPLICATION

(qualified to teach Tec 40 CCR divers on the specified CCR 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 Tec 40 CCR Instructor Trainer only)

___ 1. PADI Master Scuba Diver Trainer, or PADI Instructor with a higher rating

___ 2. PADI Deep Diver Specialty Instructor

___ 3. PADI Enriched Air Diver Specialty Instructor

___ 4. Certified as a Tec 40 CCR Diver on the specific Type T CCR for which the instructor is qualifying as a Tec 40 CCR Instructor, or have a qualifying certification from another training organization

___ 5. Minimum of 150 logged dives, where at least 100 CCR dives and 100 CCR hours (50 CCR dives and 50 CCR hours for additional unit qualification) on the specific Type T CCR for which the instructor is qualifying as a Tec 40 CCR Instructor

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

Tec 40 CCR Instructor Training Course Tec 40 CCR Instructor Additional Unit Course Tec 40 CCR Instructor Crossover Course

CCR 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: _____

Tec 40 CCR 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. I have contacted the manufacturer and confirm I meet their requirements for this level.

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 _____

CHECKLIST

Application completed in full

Requirements completed

Successfully completed Tec 40 CCR Instructor Course Exam.

Verification of course assistance, if required.

Applicant and verifying instructor trainer 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

MAIL TO – Your PADI Office
Attn. PADI Tec 40 CCR Instructor Certification
For mailing information, see current price list or visit padi.com.
Product No. 10535 (10/11) Version 1.0