

# Tec Diver Training Record / Referral



## Personal Information

Name \_\_\_\_\_ PADI No. \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Initial Last (Day/Month/Year)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal /Code/Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Sex  M  F  Occupation \_\_\_\_\_

*See the Tec Diver Instructor Guide for required prerequisites for the Tec 40, Tec 45 and Tec 50 programs.*

Prerequisites and Administration	Verified by	PADI No.	Date
Advanced Open Water or qualifying equivalent	_____	_____	_____
Rescue Diver or qualifying equivalent (Tec 45 and Tec 50 only)	_____	_____	_____
Deep Diver or equivalent/proof of at least 10 dives to 30 m/100 feet	_____	_____	_____
Enriched Air Diver or qualifying equivalent	_____	_____	_____
Number of required logged dives	_____	_____	_____
Number of required EANx dives	_____	_____	_____
Dives 18 m/60 ft or deeper	_____	_____	_____
Dives 30 m/100 ft or deeper	_____	_____	_____
Liability Release and express Assumption of Risk for Technical Diving	_____	_____	_____
Tec Deep Diver Statement of Understanding and Learning Agreement	_____	_____	_____
Medical Statement (signed by student and physician)	_____	_____	_____
Course fees paid	_____	_____	_____
Diver Protection Insurance	_____	_____	_____

### Certification Requirements

Course Section	Verified Successfully Completed	Instructor No.	Date	Student Initials
<b>Tec 40</b>				
Knowledge Review 1	_____	_____	_____	_____
Knowledge Review 2	_____	_____	_____	_____
Knowledge Review 3	_____	_____	_____	_____
Practical Application 1	_____	_____	_____	_____
Practical Application 2	_____	_____	_____	_____
Practical Application 3	_____	_____	_____	_____
Training Dive 1	_____	_____	_____	_____
Training Dive 2	_____	_____	_____	_____
<b>Exam</b>				
Training Dive 3	_____	_____	_____	_____
Training Dive 4	_____	_____	_____	_____
<b>Tec 45</b>				
Knowledge Review 1	_____	_____	_____	_____
Knowledge Review 2	_____	_____	_____	_____
Knowledge Review 3	_____	_____	_____	_____
Practical Application 1	_____	_____	_____	_____
Practical Application 2	_____	_____	_____	_____
Practical Application 3	_____	_____	_____	_____
Training Dive 1	_____	_____	_____	_____
Training Dive 2	_____	_____	_____	_____
<b>Exam</b>				
Training Dive 3	_____	_____	_____	_____
Training Dive 4	_____	_____	_____	_____
<b>Tec 50</b>				
Knowledge Review 1	_____	_____	_____	_____
Knowledge Review 2	_____	_____	_____	_____
Practical Application 1	_____	_____	_____	_____
Practical Application 2	_____	_____	_____	_____
Practical Application 3	_____	_____	_____	_____
Training Dive 1	_____	_____	_____	_____
Training Dive 2	_____	_____	_____	_____
<b>Exam</b>				
Training Dive 3	_____	_____	_____	_____
Training Dive 4	_____	_____	_____	_____

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See the Tec Diver Course Instructor Guide for required prerequisites for the Tec 40, Tec 45 & Tec 50 programs.

### Certification Level

Tec 40

Tec 45

Tec 50

Date Certified \_\_\_\_\_  
(Day/Month/Year)

Certified by \_\_\_\_\_  
Instructor Signature PADI Number (Day/Month/Year)

### Tec Instructors / Tec Deep Instructors Involved in Training

Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_  
(Day/Month/Year)

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_  
(Day/Month/Year)

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_  
(Day/Month/Year)

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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### Important Points Regarding Tec Diver Course Referrals

#### To the Referring Tec Instructor(s) / Tec Deep Instructor(s)

1. Fill in the requested information on this form, including the diver's name and address and your contact information. Also, fill in the appropriate areas of training completed before referring the diver.
2. Attach a copy of the diver's completed Medical Statement to this form.
3. Attach copies of all completed Knowledge Reviews.
4. Give the diver a copy of the entire form, and keep a copy for your records.
5. Encourage the diver to complete training as soon as possible. Advise the diver that the form is only valid for 12 months after the last training session completion date.
6. It is highly recommended that you contact the receiving instructor regarding the divers training whenever possible, & have the diver check that the receiving instructor is a Tec Instructor/Tec Deep Instructor in current Teaching Status.

#### To the Receiving Tec Instructor(s) / Tec Deep Instructor(s)

1. Have the diver complete and sign a new Liability Release and Express Assumption of Risk for Technical Diving, and Medical Statement.
  2. It is your responsibility to ensure that the student meets the prerequisites, through remediation if necessary, before starting the particular program.
  3. A diver may be referred between any completed training session or dive.
  4. Upon completion of each component, sign and date this form in the appropriate area. The diver retains the referral form until the completion of all certification requirements. Retain a copy of this form for your records.
  5. Although the Tec 40, Tec 45 & Tec 50 courses are subcomponents of the overall Tec Diver course, each results in a certification with new limits and capabilities involving decompression diving and/or depth. Therefore, you must submit a completed Positive Identity Card (PIC) for each course. Retain a copy of the completed referral form for your records and forward a copy to the originating instructor for his/her records.
  6. It is highly recommended that you contact the referring instructor regarding the divers training whenever possible.
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