



# MASTER SCUBA DIVER APPLICATION

The PADI Master Scuba Diver rating is the highest nonprofessional rating in the PADI System; it is a diver classification that denotes superior achievement. To attain this rating, a diver must be a PADI Advanced Open Water Diver and PADI Rescue Diver (or hold qualifying certifications from another organization) with proof of 50 logged dives, and must hold certifications in any five PADI Specialty courses. To become certi-

fied as a PADI Master Scuba Diver, complete this application and supply all requested information. The certifications must be verified by a Teaching status PADI Instructor who must sign this application as indicated. After this application is reviewed and processed, the certified PADI Master Scuba Diver will receive a PADI Master Scuba Diver certification card, wall certificate and emblem.

**PLEASE PRINT CLEARLY**  Check here if this is a change of address and you want our records changed accordingly.  
Return certification package to  Dive Center/Resort  Instructor  Diver

Name \_\_\_\_\_  
First Initial Last  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex:  M  F Certification Date \_\_\_\_\_  
D/M/Y D/M/Y

## CERTIFICATION REQUIREMENTS and LOGGED DIVE VERIFICATION

I have verified that this applicant holds all required certifications and has logged at least 50 dives.

Certifying Instructor \_\_\_\_\_ PADI No. \_\_\_\_\_  
First Initial Last  
Instructor signature \_\_\_\_\_ Date \_\_\_\_\_  
D/M/Y  
Dive Center/Resort \_\_\_\_\_ Store No. S- \_\_\_\_\_

## CARD OPTIONS

- PADI Standard Card (no additional fee)
- To help preserve the aquatic environment, please select and indicate the amount of donation:
  - Project AWARE Foundation Card \_\_\_\_\_  
(Contact your PADI Office for minimum donation)
  - Additional Project AWARE Foundation donation \_\_\_\_\_  
(A donation of any amount is appreciated)

## CHECKLIST

- Application completed in full
- Prerequisite and specialty information completed
- Instructor signature
- One photo attached (*print name on back*)
- See price list for fee  
(*Fee includes a quarterly subscription to The Undersea Journal valued at \$12 or equivalent in local currency.*)

## PAYMENT METHOD

See current price list for payment information.

- MasterCard  VISA  American Express
- Discover Card  JCB  Maestro/Solo (UK only)
- Check/Bank Draft Number\* \_\_\_\_\_

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

Card Number \_\_\_\_\_  
Card expiration date \_\_\_\_\_ Security code \_\_\_\_\_  
Maestro/Solo valid from date \_\_\_\_\_ Or Issue No. \_\_\_\_\_ (UK only)  
Cardholder Name \_\_\_\_\_  
Please Print

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

## MAIL TO: Your PADI Office

For mailing information, see current price list or visit padi.com.

### FOR OFFICE USE ONLY

Rec'd \_\_\_\_\_  
Ent. \_\_\_\_\_  
Shp'd \_\_\_\_\_

Tape / Attach a  
4.5cm 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

**PREREQUISITE INFORMATION**

PADI Advanced Open Water Diver certification and PADI Rescue Diver certification are required for Master Scuba Diver. If you are submitting qualifying certifications from another organization, you must attach photocopies of the certifications.

**PADI Advanced Open Water Diver**

Certification \_\_\_\_\_ Instructor \_\_\_\_\_  
Date \_\_\_\_\_ Name \_\_\_\_\_ Instructor No. \_\_\_\_\_ Certification No. \_\_\_\_\_  
D/M/Y

**Or Qualifying Certification From Another Organization**

Certification \_\_\_\_\_ Organization \_\_\_\_\_ Instructor \_\_\_\_\_  
Date \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Instructor No. \_\_\_\_\_  
D/M/Y

**PADI Rescue Diver**

Certification \_\_\_\_\_ Instructor \_\_\_\_\_  
Date \_\_\_\_\_ Name \_\_\_\_\_ Instructor No. \_\_\_\_\_ Certification No. \_\_\_\_\_  
D/M/Y

**Or Qualifying Certification From Another Organization**

Certification \_\_\_\_\_ Organization \_\_\_\_\_ Instructor \_\_\_\_\_  
Date \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Instructor No. \_\_\_\_\_  
D/M/Y

**PADI SPECIALTY DIVER CERTIFICATION INFORMATION**

Please provide the information requested below for five PADI Specialty Diver certifications you have earned.

Specialty Certification	Certification Date	Instructor Name	Instructor No.	Certification No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____