



Technical Diver Registration Form

18 Elm St, Topsham, Maine 04086 Phone: 207-729-4201 Fax: 207-729-4453

Email worldhq@tdisdi.com

www.tdisdi.com

Method of Payment

AMEX , MasterCard , Visa , Check or Money Order (Make Checks Payable to TDI)

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Exp. Date:

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Signature:

Course: Check only ONE course per diver registration form.

- | | |
|---|--|
| <input type="checkbox"/> Nitrox
<input type="checkbox"/> Advanced Nitrox
<input type="checkbox"/> Decompression Procedures
<input type="checkbox"/> Extended Range
<input type="checkbox"/> Advanced Wreck
<input type="checkbox"/> Trimix
<input type="checkbox"/> Advanced Trimix
<input type="checkbox"/> Other (Please specify): | <input type="checkbox"/> Rebreather (specify: _____)
<input type="checkbox"/> Air diluent 40 m / 130 feet
<input type="checkbox"/> Mixed gas 60 m / 200 feet
<input type="checkbox"/> Advanced mixed gas 100 m / 330 feet
<input type="checkbox"/> Nitrox Gas Blender
<input type="checkbox"/> Advanced Gas Blender
<input type="checkbox"/> O ₂ Service Technician
<input type="checkbox"/> Cavern
<input type="checkbox"/> Intro to Cave
<input type="checkbox"/> Cave |
|---|--|

CERTIFICATION FEE: C-Card Only* C-Card & Certificate* (refer to current price list)

All diver c-cards & certificates are sent directly to the instructor or facility. Additional shipping outside of U.S.

Print Name as it is to appear on C-Card	Complete Mailing Address (include City, State and Zip Code)	Phone Number E-mail Address
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		

Course Completion Date (mm/dd/yy):

2nd Inst./Asst. by:

#:

- Freshwater Max training depth
 Saltwater Metres Feet :

Facility Name: Dayo Scuba

Instructor Name: Thomas L Johnson

Facility Number: 1001705

Instructor's TDI #: 3297

Ship To Address:

Facility Student (s) Instructor

I certify that the above named students have completed the TDI training course indicated and have reached the proficiency level required by TDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.

Instructor Signature (Required on each Form) _____ Date Signed _____