

**PART II: To Be Completed By Student** <sup>(26)</sup>

Your personal information is required for PADI's Quality Management process. Visit [padi.com](http://padi.com) for PADI's privacy policy.

Su información personal es requerida para el proceso de Control de Calidad de PADI. Visite [www.padi.com](http://www.padi.com) para la política de privacidad de PADI.

Sua informação pessoal é requerida para o processo de gerenciamento de qualidade da PADI. Visite [padi.com](http://padi.com) para conhecer nossa política de privacidade.

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First Name <sup>(27)</sup>

MI <sup>(28)</sup>

Last Name <sup>(29)</sup>

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Student Mailing Address <sup>(30)</sup>

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City <sup>(31)</sup>

State/Province <sup>(32)</sup>

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Zip/Postal Code <sup>(33)</sup>

U	S	A	
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Country <sup>(34)</sup>

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Home Phone <sup>(35)</sup>

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Email <sup>(36)</sup>

Date of Birth <sup>(37)</sup>

Day	Day
D	D

- |                           |                           |                           |                           |
|---------------------------|---------------------------|---------------------------|---------------------------|
| <input type="radio"/> Jan | <input type="radio"/> Apr | <input type="radio"/> Jul | <input type="radio"/> Oct |
| <input type="radio"/> Feb | <input type="radio"/> May | <input type="radio"/> Aug | <input type="radio"/> Nov |
| <input type="radio"/> Mar | <input type="radio"/> Jun | <input type="radio"/> Sep | <input type="radio"/> Dec |

Year	Year	Year	Year
Y	Y	Y	Y

**Need 48 hr. turnaround? Include \$15.00 US for Priority Processing**  
 1-800-729-7234 or 1-949-858-7234, ext. 2495

Gender <sup>(38)</sup>  Male  Female

Fold Here

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by PADI's Standard Safe Diving Practices.

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Date	Date	Date
D	D	Y
/	/	/
M	M	Y
/	/	/
Y	Y	Y

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