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)

															Exp. Date:			

Signature:

Course: Check only ONE course per diver registration form.

- ☐ **Intro to Tech**
- ☐ **Nitrox**
- ☐ **Advanced Nitrox**
- ☐ **Decompression Procedures**
- ☐ **Extended Range**
- ☐ **Advanced Wreck**
- ☐ **Trimix**
- ☐ **Advanced Trimix**
- ☐ **Other (Please specify):**
- ☐ **Rebreather (specify:_____)**
  - ☐ **Air diluent 40 m / 130 feet**
  - ☐ **Mixed gas 60 m / 200 feet**
  - ☐ **Advanced mixed gas 100 m / 330 feet**
- ☐ **Nitrox Gas Blender**
- ☐ **Advanced Gas Blender**
- ☐ **O_2 Service Technician**
- ☐ **Cavern**
- ☐ **Intro to Cave**
- ☐ **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):		
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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:
Instructor Name:	Facility Number:
Instructor's TDI #:	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

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