



PADI Freediver™ Center Classification Application

OFFICE USE ONLY

PLEASE PRINT CLEARLY

PADI Member No. _____ Physical Address _____
 Business Name _____ City _____ State/Province _____
 Contact Name _____ Country _____ Zip/Postal Code _____
 E-mail _____ Phone (____) _____ Fax (____) _____

Application Acknowledgment

I understand that misrepresentation of information on this application may result in denial or revocation of the PADI Freediver Center Classification and termination of membership in the PADI Retail and Resort Association. I have read the requirements for the PADI Freediver Center Classification as outlined in the PADI Freediver Program Instructor Guide and verify that I am currently meeting all such requirements. I acknowledge that PADI may not grant membership to businesses where owners, partners, and affiliates of the business are convicted sex offenders. I hereby consent and agree to these terms and conditions in their entirety.

Signature required by all applicants.

Owner/Manager (Signature Required)

Date **Day/Month/Year**

Owner/Manager **PLEASE PRINT NAME**

Freediver Instructor (or higher) on staff or by contract (Signature Required)

Date **Day/Month/Year**

Freediver Instructor (or higher) on staff or by contract **PLEASE PRINT NAME**

Member Number _____

PAYMENT METHOD

Check – Contact your PADI Regional Headquarters for fees and appropriate currency.

- MasterCard VISA Discover Card
 American Express JCB

Card No. _____

Card Expiration Date _____

Cardholder Name _____ Please Print

Authorized Signature _____

CHECKLIST

- Have on staff (or by contract) a renewed and insured (if applicable) Teaching Status PADI Freediver Instructor (or higher).
- Add PADI Freediver Instructor Name and Member Number with signature above
- Payment enclosed

**This application does not guarantee
 PADI Freediver Center Classification.
 Awards are issued only upon review and
 approval of this application.**

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Date _____ Date _____
 Approved by _____ Check No. _____
 Amount _____ Entered _____