

# Pacific Diving Academy

## Application and Registration Form

Name of Applicant \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Rank \_\_\_\_\_

SSN or VA File # \_\_\_\_\_ Branch of Service \_\_\_\_\_

Military Status:    Retired    Reserves    Active    (circle one)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Program of Study:

- Divemaster
- Assistant Instructor
- Open Water SCUBA Instructor
- Master SCUBA Diver Trainer
- IDC Staff Instructor

**Requested Enrollment Date** \_\_\_\_\_

**Diver Certifications Held (include any Military Equivalencies from your DD-214)**

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**I Certify the Above is True and Correct**

**Date**

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