



IANTD UK

Diver Registration

CC

STUDENT DETAILS: (to be completed in full by the student)

IANTD DIVER No. (if applicable): DOB: GENDER:

FIRST NAME: MIDDLE NAME: SURNAME:

ADDRESS:

COUNTRY: POST CODE:

EMAIL: PHONE:

NOTES: Please complete and return this form along with a passport-style photo to your instructor
Please tick this box if you do not wish to be included in the IANTD UK mailing list:

COURSE PREREQUISITES: (to be completed by the instructor)

QUALIFICATIONS PRESENTED TO SHOW THAT COURSE PREREQUISITES HAVE BEEN MET ACCORDING TO THE IANTD STANDARDS: (please list agency and level)

COURSE TITLE:

CERTIFYING AGENCY: AGENCY CERTIFICATION #

TOTAL DIVES: PLEASE INITIAL TO INDICATE CERTIFICATION CHECKED

COURSE DETAILS: (to be completed in full by the instructor)

COURSE TITLE:

START DATE: FINISH DATE:

INSTRUCTOR: INSTRUCTOR NO.:

IANTD FACILITY:

COURSE LOCATION:

NO. OF DIVES: INWATER MINUTES: CCR UNIT:

THIS STUDENT HAS COMPLETED THE REQUIREMENTS FOR CERTIFICATION:

INSTRUCTOR SIGNATURE: (invalid unless signed) DATE:

NOTES: Please ensure that this form is completed in full and is supplied with a passport-style student photo.

HQ USE ONLY:

Date Received: Date Processed: