



**NAUI TECHNICAL COURSE
INSTRUCTOR APPLICATION**

PERSONAL INFORMATION:

Instructor Number: _____
 Last Name: _____ First Name: _____ MI: _____
 Address _____

 City: _____ State: _____
 Postal Code: _____ Country: _____
 Tel (daytime): _____ Tel (evening): _____
 E-mail: _____

TECHNICAL INSTRUCTOR COURSE NAME:

<input type="checkbox"/> Intro to Technical Diving	<input type="checkbox"/> Technical Support Leader
<input type="checkbox"/> Technical EANx Diver	<input type="checkbox"/> Helitrox Diver
<input type="checkbox"/> Heli-air Diver	<input type="checkbox"/> Ice Diver
<input type="checkbox"/> Cavern Diver	<input type="checkbox"/> Cave I Diver
<input type="checkbox"/> Cave II Diver	<input type="checkbox"/> Cave III Diver
<input type="checkbox"/> Wreck Penetration Diver	<input type="checkbox"/> Technical Wreck Penetration Diver
<input type="checkbox"/> Trimix Diver I	<input type="checkbox"/> Trimix Diver II
<input type="checkbox"/> Decompression Techniques Diver	<input type="checkbox"/> Mixed Gas Blender and O2 Service Tech
<input type="checkbox"/> Semi-Closed Rebreather Diver	System Requested: _____
<input type="checkbox"/> Closed Circuit Rebreather Diver	System Requested: _____
<input type="checkbox"/> CCR Mixed Gas Diver	System Requested: _____
<input type="checkbox"/> Other: _____	

For **Technical Courses**, I have attached the following **required document(s)** (see 1996 NAUI Standards & Policies, rev. 1-04 for guidelines)

TRAINING BACKGROUND:

➤ **Evidence of relevant training and/or experience** for the selected course(s) must be submitted with this application.

<u>Technical Certifications/Level</u>	<u>Agency</u>	<u>Certification Date</u>	<u>Expiration Date</u>
Example: <u>Tech EANx / Diver</u>	<u>DDDI</u>	<u>1-1-03</u>	<u>N/A</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information provided above is true and correct to the best of my knowledge.

Applicant's Signature _____ Date

NAUI Tech Course Director _____ Date _____ Training Department _____ Date

This is an application to attend a NAUI Technical Instructor Course(s). Successful completion of the courses to be taught is required to obtain authorization.