

ELITE IDC Candidate Info Sheet

Name: _____

(As on your Government issued ID; middle initial is optional)

Note: if not including middle initial, provide here: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Address: _____

Address: _____

City: _____

State: _____

Country: _____

ZIP: _____

Occupation: _____

Date of Birth: _____

Format example: 04JUL1776

Note: ALL DATES FOR ALL PADI DOCUMENTS MUST USE THIS FORMAT

Note: Medical Sign-off MUST USE THIS FORMAT including Physician's Date

Emergency Contact: _____

Contact' Phone #: _____

Number of Logged Dives: _____

CPR/FA Completion Date: _____

CPR/FA Training Agency: _____

Divemaster (DM): _____

DM Number: _____

Certification Date: _____

Instructor Name: _____

Instructor Number: _____

PADI Shop: _____

PADI Shop Number: _____

ALL SCUBA & CPR/FA Certifications:

For all PADI/EFR Courses nothing is required (confirm Name on Certification as listed above)

Attach .pdf of all Certifications issued by any Training Agency other than PADI/EFR

Are you Enriched Air Certified: _____

Are you Emergency O2 Certified: _____

Credit Card information (ONLY USED to prepare PADI/EFRI paperwork):

Card type (e.g. Visa/Amex, etc.): _____

Card number: _____

Expiry Date: _____

CVV (3 or 4 digit code): _____

Exact name on card: _____