## **Instructor Training Course Application**

Participant's Name:		4	Birth Date:/			
		le Family		day month		
Address:			-			
City:		*				
State:Zip C						
Contact Telephone Num	ber:					
Email:	Web Site:	- 10				
Level of Certifica	TION: [ ] INS	STRUCTOR [ ] ASSIS	STANT INSTRI	UCTOR[]D	IVE MAS	TER
<b>Diver Training Agency</b>	]	Member Number		_ Date Issue	ed	
TEACHING STATUS: LIAB Financial Responsibility Req Scuba Association as an Add will be assigned 'Active Star receive instructions in your w	uirements for 'I ditional Insured tus' until you	HSA Teaching Status' under your Profession	ONAL UNDERW	ATER LIABILIT	Y INSURAN	NCE. You
SEARCHABLE DATABASI To facilitate people with dis Website in our searchable da and website will be dis webmaster@hsascuba.com	sabilities in fin ta base. Your n	name, photograph, city	, state, country	, contact teleph	none numb	er, email
Participant's Signature				Date _		/
HS	A COUI	RSE DIRECT	ΓOR US	E ONLY	7	
	(Kee	Training Summa ep in your files for				
ITC/DBC Dates: Lecture	e	Pool	-	Open Wat	er	200 Page 1
Open Water Location:			Depth: _	[]	Beach [	] Boat
Comments:				ITC Exam S	Score:	%
I certify that the above no Open Water training as an HSA Instructor, Assistant HSA Course Director M	required by l stant Instruct	HSA Instructor Tra for or Dive Master.	aining Course	e standards t	to be cert	tified as
HSA Course Director S						