

# DSAT Tec Deep Diver Training Record / Referral



## Personal Information

Name \_\_\_\_\_ PADI No. \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Initial Last (Day/Month/Year)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal /Code/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Sex  M  F Occupation \_\_\_\_\_

*See the Tec Deep Diver and Apprentice Tec Diver Course Instructor Guide for required prerequisites for the Tec Deep Diver and Apprentice Tec Diver courses.*

### Prerequisites and Administration

	Verified by	PADI No.	Date
Advanced Open Water or equivalent	_____	_____	_____
Rescue Diver or equivalent	_____	_____	_____
Deep Diver or equivalent	_____	_____	_____
Enriched Air Diver or equivalent	_____	_____	_____
Number of logged dives	_____	_____	_____
Number of EANx dives	_____	_____	_____
Dives 18 m/60 ft or deeper	_____	_____	_____
Dives 30 m/100 ft or deeper	_____	_____	_____
Liability Release and express Assumption of Risk for Technical Diving	_____	_____	_____
Tec Deep Diver Statement of Understanding and Learning Agreement	_____	_____	_____
Medical Statement (signed by student and physician)	_____	_____	_____
Course fees paid	_____	_____	_____
Diver Protection Insurance	_____	_____	_____

### Certification Requirements

Course Section	Verified Successfully Completed	Instructor No.	Date	Student Initials
Knowledge Review 1	_____	_____	_____	_____
Knowledge Review 2	_____	_____	_____	_____
Knowledge Review 3	_____	_____	_____	_____
Knowledge Review 4	_____	_____	_____	_____
Exam One	_____	_____	_____	_____
Knowledge Review 5	_____	_____	_____	_____
Knowledge Review 6	_____	_____	_____	_____
Exam Two	_____	_____	_____	_____
Practical Application 1	_____	_____	_____	_____
Practical Application 2	_____	_____	_____	_____
Practical Application 3	_____	_____	_____	_____
Practical Application 4	_____	_____	_____	_____
Practical Application 5	_____	_____	_____	_____
Practical Application 6	_____	_____	_____	_____
Practical Application 7	_____	_____	_____	_____
Practical Application 8	_____	_____	_____	_____
Training Dive 1	_____	_____	_____	_____
Training Dive 2	_____	_____	_____	_____
Training Dive 3	_____	_____	_____	_____
Training Dive 4	_____	_____	_____	_____
Training Dive 5	_____	_____	_____	_____
Training Dive 6	_____	_____	_____	_____
Training Dive 7	_____	_____	_____	_____
Training Dive 8	_____	_____	_____	_____
Training Dive 9	_____	_____	_____	_____
Training Dive 10	_____	_____	_____	_____
Training Dive 11	_____	_____	_____	_____
Training Dive 12	_____	_____	_____	_____

See the Tec Deep Diver and Apprentice Tec Diver Course Instructor Guide for required prerequisites for the Tec Deep Diver and Apprentice Tec Diver courses.

### Certification Level

Tec Deep Diver     Apprentice Tec Diver

Date Certified \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day/Month/Year)

Certified by \_\_\_\_\_  
Instructor Signature

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PADI Number (Day/Month/Year)

### DSAT Tec Deep Instructors Involved in Training

Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day/Month/Year)

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day/Month/Year)

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day/Month/Year)

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Important Points Regarding Tec Deep Diver Course Referrals

### To the Referring DSAT Tec Deep Instructor(s)

1. Fill in the requested information on this form, including the diver's name and address and your contact information. Also, fill in the appropriate areas of training completed before referring the diver.
2. Attach a copy of the diver's completed Medical Statement to this form.
3. Attach copies of all completed Knowledge Reviews.
4. Give the diver a copy of the entire form, and keep a copy for your records.
5. Encourage the diver to complete training as soon as possible. Advise the diver that the form is only valid for 12 months after the last training session completion date.
6. It is **highly recommended** that you contact the receiving instructor regarding the divers training whenever possible, and have the diver check that the receiving instructor is a DSAT Tec Deep Instructor in current Teaching Status.

### To the Receiving DSAT Tec Deep Instructor(s)

1. Have the diver complete and sign a new Liability Release and Express Assumption of Risk for Technical Diving, and Medical Statement.
2. **Preassess the diver's skills by having the diver repeat Dive 3 as outlined in the DSAT Tec Deep Diver Instructor Guide.**
3. A diver may be referred between any completed training session or dive.
4. Upon completion of each component, sign and date this form in the appropriate area. The diver retains the referral form until the completion of all certification requirements. Retain a copy of this form for your records.
5. If you complete Training Dive 12, you are the certifying instructor. Complete and submit a PADI Positive Identification Card (PIC) envelope and send to PADI for processing. Retain a copy of the completed referral form for your records and forward a copy to the originating instructor for his records.
6. It is **highly recommended** that you contact the referring instructor regarding the divers training whenever possible.