



NAUI Public Safety Diver Instructor Application

I agree to use the outlines and NAUI PSD Instructors Guides, where available and comply with the NAUI Standards and Policies Manual. Students who successfully complete any of the NAUI PSD Courses will be issued an appropriate NAUI certification card on successful completion of the course. I understand before conducting NAUI PSD courses, I must complete the application process and receive authorization from the NAUI Training Department.

PSD Instructor Application Date: _____

_____ NAUI # _____
PSD Applicants Name

PSD Applicants Signature

Documents Required and Attached:

1. Copy of NAUI Public Safety Diver Course certification card (c-card)
2. Verification of at least three years on a Public Safety Diver team
3. Documentation of Public Safety Diver Training (other than on page 2)
4. NAUI Public Safety Diver Course Instructor Application (page 1 & 2)
5. NAUI Instructor Credentials Order Form (PSD Instructor c-card and Wall Certificate)

For additional information and assistance contact:

NAUI Training

9030 Camden Field Pkwy

Riverview Fl, 33578

Ph. 813-628-6284 Fax 813-628-8253 Training@nau.org

NAUI Public Safety Diver Instructor Application

PERSONAL INFORMATION

NAUI# _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Email: _____

TRAINING BACKGROUND, INCLUDING ALL SCUBA DIVING AND PSD TRAINING

Evidence of relevant training and/or experience with Public Safety Diving must be submitted with this application

Course Title/Level	Agency	Certification Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use additional paper if needed for the above information.

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

Applicants Signature: _____ Date: _____

NAUI Training Dept.: _____ Date: _____



NAUI Specialty Instructor Credentials Order Form

PO Box 89789
Tampa, FL 33689

MEMBER INFORMATION:

Member Name: _____ NAUI # _____

Address: _____

City: _____ State: _____ County: _____ Country: _____

Postal Code: _____ Telephone: _____ Fax: _____

E-mail: _____

Check this box if you would like a personalized Specialty Instructor Certification Card. Enter the course(s) you would like to appear on your card:

Check this box if you would like a personalized Specialty Instructor Certificate. Enter the course you would like to appear on your certificate: *(Only one course title per certificate.)*

Please select payment type below and enclose payment, payable to NSG, with your application.
(Taxes and shipping will be charged when applicable.)

Payment Method: AMEX Visa Master Card

CC Number: _____ Expiration Date: _____ CVV code: _____

Cardholder Name: _____ Signature: _____

BILL TO INFORMATION (if different from above)

Name: _____

Address: _____

City: _____ State: _____ County: _____ Country: _____

Postal Code: _____ Telephone: _____

SHIP TO INFORMATION (if different from above)

Name: _____

Address: _____

City: _____ State: _____ County: _____ Country: _____

Postal Code: _____ Telephone: _____