



Guide Application

Sea TREK ® GUIDE I.D. # Assigned by Sub Sea Systems, Inc.
Textbook Serial #

Applicant Name (complete): _____

Street Address: _____ City: _____

State/Country: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Birth Date: ____ / ____ / ____ M ___ F ___ E-mail: _____

Sea**TREK** Operation Name: _____

Sea**TREK** Training Coordinator (print) _____ ID #: _____

Training Completed on: ____ / ____ / ____

Prerequisite Documentation—The following information must be submitted in full. Your application cannot be processed without complete information and a \$50.00 registration fee made payable to **Sub Sea Systems**.®

Highest Certification Level (enter scuba level)	Agency Issued No.	Agency	Date of Issue
First Aid			(Date of Expiration)
CPR			(Date of Expiration)

Medical Statement—A current Medical Statement clearing you to dive must be submitted with this form to **Sub Sea Systems**. A current medical statement is required every two years. New **SeaTREK** GUIDE applicants are also required to fill out a Standard **SeaTREK** Liability Release Form.

SeaTREK Guide Training Record—To be filled out by the **SeaTREK** Training Coordinator

<p>Classroom Classroom skills completed on the dates of ____ / ____ / ____ thru ____ / ____ / ____ Test completed on ____ / ____ / ____ Pass ___ Fail ___ Actual Test Score _____ % (Passing score is 80%—36/45 correct)</p> <p>Water Skills Number of documented scuba dives _____ Number of documented SeaTREK dives _____ (minimum of 15 dives)</p>
--

SeaTREK Guide Applicant acknowledge and attest—I hereby acknowledge and attest that the above information is true and accurate. I have read and fully understand the **SeaTREK** Manual, Operating Standards & Procedures, and the training course as administered by the Training Coordinator.

 Signed By: **SeaTREK** Guide Applicant

 Date:

 Verified, Acknowledged, Submitted, and Signed By: **SeaTREK** Training Coordinator