



Textbook Serial #:			_
Applicant Name (last,	first, middle):		
Street Address:		City:	
State / Country:		Zip Code:	
Business Phone:		Cell Phone:	
Birth Date (month, day, year): //			
M F E-mail:			
SeaTREK Operation Name:			
SeaTREK Training Coordinator (print):			ID #:
Training Completed on (month, day, year)://			
Prerequisite Documen Your application cannot be payable to Sub Sea Syster	e processed without co		submitted in full. nd a \$50.00 registration fee made
Highest Certification Level	Agency Issued N	No. Agency	Date of Issue
(enter scuba level)			
First Aid			(Date of Expiration—mo / day / year)
CPR			(Date of Expiration—mo / day / year)
	ns. A current medical s	statement is required	dive must be submitted with this every two years. New SeaTREK illity Release Form.
Sea TREK Guide Training	g Record—To be filled	out by the SeaTREK	Fraining Coordinator
Classroom Classroom skills compl	eted on the dates of	(month, day, year)	_ thru/(month, day, year)
Test completed on (/ / Pamonth, day, year)	ss Fail Actual	Test Score% g score is 80%—36/45 correct)
Water Skills Number of documents Number of documents		(minimu	m of 15 dives)
	ırate. I have read and full	y understand the SeaTl	knowledge and attest that the above REK Manual, Operating Standards & or.
Signed By: SeaTREK Gui	de Applicant Date (mor		ed, Acknowledged, Submitted, and d By: Sea <i>TREK</i> Training Coordinator