



DIRrebreather Instructor Application

DIRrebreather Instructor Qualification: Fundamentals
 Mixed-gas
 DPV

Date: _____

Name: _____

Date of birth: _____ Male Female

Address: _____

City: _____ Zip code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Occupation: _____

Rebreather Instructor Certifications: _____

of rebreather dives: _____ # of rebreather courses taught: _____

Rebreather Teaching Experience: _____

Requirements:

DIRrebreather Active Membership till: _____

DIRrebreather Workshop completed as a student? _____

DIRrebreather Instructor Workshop? _____

Copies of your Rebreather Instructor C-cards or Wall certificate? _____