BSC INSTRUCTOR PASS APPLICATION

NAME	DIVE STORE	CERT#	AGENCY
_____	_____	_____	_____

Address/Phone/Email

_____

INITIAL		***DATE***
_____	**INSURANCE**	_____
_____	**BSC RULES AND REGULATIONS READ AND UNDERSTOOD**	_____
_____	**BSC ORIENTATION READ AND UNDERSTOOD**	_____
_____	**I HAVE RECEIVED MY BSC PASS**	_____
_____	**I AGREE TO FOLLOW ALL STANDARDS AND PROCEDURES OF MY TRAINING AGENCY**	_____
_____	**SHOW BSC PASS & PHOTO ID IN DIVE STORE & AT TICKET CHECK (gate)**	_____
_____	**UNDERSTAND THAT THE INSTRUCTOR PARKING AREA IS INTENDED FOR INSTRUCTORS TRANSPORTING STUDENT EQUIPMENT <u>ONLY</u>!**	_____
_____	**<u>DEEP DIVING</u>- EVERYONE NEEDS TO HAVE A REDUNDANT AIR SOURCE.** *YOUR WORK LOAD SHOULD BE REDUCED BY 1/3, DUE TO THE COLD CONDITIONS.*	_____
_____	**IF REGULATIONS ARE NOT FOLLOWED, YOUR PASS MAYBE REVOKED AT ANYTIME.**	_____
_____	**YES, I HAVE READ THE BSC INSTRUCTOR REMINDER & WILL CHECK IT <u>DAILY</u> FOR UPDATES.**	_____

**** YOUR INSTRUCTOR PASS IS A <u>COURTESY</u> NOT A PRIVILEGE OR A RIGHT ****

WE APPRECIATE YOUR BUSINESS AND PROFESSIONALISM

BAINBRIDGE SCUBA CENTER STAFF