

BSC INSTRUCTOR PASS APPLICATION

NAME	DIVE STORE	CERT#	AGENCY
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Address: _____

Phone/Cell #'s: _____

Email Address: _____

<u>INITIAL</u>	<u>DATE</u>
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_____	INSURANCE	_____
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_____	BSC RULES AND REGULATIONS READ AND UNDERSTOOD	_____
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_____	BSC ORIENTATION READ AND UNDERSTOOD	_____
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_____	I HAVE RECEIVED MY BSC PASS	_____
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_____	I AGREE TO FOLLOW ALL STANDARDS AND PROCEDURES OF MY TRAINING AGENCY	_____
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_____	SHOW BSC PASS & PHOTO ID IN DIVE STORE & AT TICKET CHECK (gate)	_____
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_____	I UNDERSTAND THAT THE INSTRUCTOR PARKING AREA IS INTENDED FOR INSTRUCTORS TRANSPORTING STUDENT EQUIPMENT <u>ONLY!</u>	_____
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_____	<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	_____
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_____	IF REGULATIONS ARE NOT FOLLOWED, YOUR PASS MAYBE REVOKED AT ANYTIME	_____
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_____	YES, I HAVE READ THE BSC INSTRUCTOR REMINDER & WILL CHECK IT DAILY FOR UPDATES	_____
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**** YOUR INSTRUCTOR PASS IS A COURTESY NOT A PRIVILEGE OR A RIGHT ****

WE APPRECIATE YOUR BUSINESS AND PROFESSIONALISM

BAINBRIDGE SCUBA CENTER STAFF