



# ERDI Instructor Registration Form

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Phone: 888-778-9073 Fax: 877- 436-7096  
Email [worldhq@tdisdi.com](mailto:worldhq@tdisdi.com) tdisdi.com

## Method of Payment

AMEX ☐, MasterCard ☐, Visa ☐, Check ☐ or Money Order ☐ Make Checks Payable to International Training.

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Exp. Date: 

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Signature:

Other Instructor Ratings:	DRI #	PADI #	PSDA #
IANTD #	YMCA #	NAUI #	SSI #
LGS #	Other (Specify): #		

Certificates & cards are sent directly to the instructor or facility.

☐ Certification Fee: \*  
\* Refer to current price list

☐ Instructor Upgrade Fee: \*  
Specify Upgrade Rating: \_\_\_\_\_

Print Name As It Is To Appear On  
Certification Card

DOB (mm/dd/yyyy):

Complete Mailing Address  
(including City, State and Postal  
Code)

Phone Number

E-mail Address

Course Completion Date (mm/dd/yy):		2 <sup>nd</sup> Inst./Asst. by:	#:
<input type="checkbox"/> Freshwater	Max training depth:	Location/Facility:	
<input type="checkbox"/> Saltwater	(Meter / feet):	Facility Number:	
Instructor Name:		Ship To Address:	
Instructor's ERDI #:			
Instructor Phone #:			
Instructor Address:			
I certify that the above named students have completed the ERDI training course indicated and have reached the proficiency level required by ERDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.		City:	
		State:	
		Zip (or postal code):	
		Country:	
Instructor Signature (Required on each Form)		Date Signed	