



# ERD Supervisor Registration Form

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## 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:

Certificates and cards are sent directly to the instructor or facility. Add \$5.00 for shipping outside the U.S.  
Certification fee: Refer to current price list

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:

#:

☐ Freshwater

Max training depth:

☐ Saltwater

(Metre / feet):

Location/Facility:

Instructor Name:

Facility Number:

ERD Instructor #:

Ship To Address: (Add \$5.00 for shipping outside USA.)

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