



MIL Dive Certification Application

Contact Information

Name (First, Last)	
Date of Birth (DD/MM/YYYY)	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Certification

Which certification are you applying for?

SDI Advanced Adventurer
(Must be CDN MIL Combat Diver)

SDI Master Diver
(Must be CDN MIL Dive Supervisor)

** All applications must be accompanied by a copy of your MIL Course Report.

Copy of Course Report attached?

** All applications must be accompanied by payment of \$45.00 (\$39.82+\$5.18HST)

Payment Included?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

COJO Diving Authorization

Authorized By _____ Date _____