



MIL Diver 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 Scuba Diver (Must be minimum CDN MIL Combat Diver)
 SDI Master Diver (Must be minimum CDN MIL Dive Supervisor)

** All applications must be accompanied by a copy of your MIL Course Report, Diver Medical (if MIL Course completed more than one year ago).

- Copy of MIL Course Report attached?
 Copy of Diver Medical attached (if MIL course more than one year ago)?

** All applications must be accompanied by payment of \$60.00 (HST is included)

- 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 _____