

# Skindiving

**Side 1:** Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Snorkel Clearing	Mask Clearing	Entries	Snorkel Swimming	Signals	Dolphin Swim	Surface Dives	Assists	Rescue Breathing	Result
	1	2	3	4	5	6	7	8	9	
1										
Name										
Address										
City										
E-mail										
2										
Name										
Address										
City										
E-mail										
3										
Name										
Address										
City										
E-mail										
4										
Name										
Address										
City										
E-mail										
5										
Name										
Address										
City										
E-mail										
6										
Name										
Address										
City										
E-mail										

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_ of \_\_\_ pages.

Satisfactory Performance      **F** Fail      Total Pass for Course       Total Fail for Course

**Instructor Information**

Instructor's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Payment Information**

Exam fees attached       Exam fees not attached

Send invoice or receipt to \_\_\_\_\_ ( ) \_\_\_\_\_

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_ YY MM DD \_\_\_\_\_ ( ) \_\_\_\_\_

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

**Awards information**

Awards issued by affiliate  
 Awards not issued

**Examiner Information**

Examiner's Name \_\_\_\_\_ ID # \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_



# Skindiving

**Side 2:** Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Snorkel Clearing	Mask Clearing	Entries	Snorkel Swimming	Signals	Dolphin Swim	Surface Dives	Assists	Rescue Breathing	Result
	1	2	3	4	5	6	7	8	9	
7										
Name										
Address										
City										
E-mail										
Telephone										
8										
Name										
Address										
City										
E-mail										
Telephone										
9										
Name										
Address										
City										
E-mail										
Telephone										
10										
Name										
Address										
City										
E-mail										
Telephone										
11										
Name										
Address										
City										
E-mail										
Telephone										
12										
Name										
Address										
City										
E-mail										
Telephone										

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_ of \_\_\_ pages.

Satisfactory Performance      **F** Fail      Total Pass for Course       Total Fail for Course

Affiliate ( ) Telephone ( )

**Exam Information**  
Exam Date:      YY      MM      DD  
Facility name ( ) Telephone ( )

*Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.*

**Examiner Information**  
Examiner's Name ID#  
E-mail  
( ) Telephone Signature