

Tec Trimix Diver Training Record / Referral



Name: _____ PADI No: _____ Birth date: _____
 Mailing address: _____ City: _____
 State/Province: _____ Country: _____ Postal/Zip Code: _____
 Home Phone: (_____) _____ Business Phone: (_____) _____
 Email address: _____ Sex: M F

See the Tec Trimix Diver Instructor Guide and Tec Trimix 65 addendum for pre-requisites

Prerequisites and Administration	Verified by (instructor signature)	PADI No.	Date
Rescue Diver or equivalent	_____	_____	_____
Minimum 18 years or less	_____	_____	_____
Tec Deep certification or equivalent	_____	_____	_____
150 logged dives	_____	_____	_____
Liability Release and express Assumption of Risk			_____
Tec Diver Statement of Understanding and learning Agreement			_____
Medical Statement (signed by student and physician)			_____
Course fees paid			_____
Diver Protection Insurance			_____

Certification Requirements

Course Section	Required for	Verified by (instructor sig)	PADI No.	Date
Knowledge Review 1	Trimix 65	_____	_____	_____
Delivery content 1	Trimix 65	_____	_____	_____
Knowledge Review 2	Trimix 65	_____	_____	_____
Knowledge Review 3	Trimix 65	_____	_____	_____
Knowledge Review 4	Trimix 65	_____	_____	_____
Practical Application 1	Trimix 65	_____	_____	_____
Practical Application 2	Trimix 65	_____	_____	_____
Practical Application 3	Trimix 65	_____	_____	_____
Practical Application 4	Trimix 65	_____	_____	_____
Practical Application 5	Tec Trimix	_____	_____	_____
Assessment Dive	Trimix 65	_____	_____	_____
Training Dive 1	Trimix 65	_____	_____	_____
Training Dive 2	Trimix 65	_____	_____	_____
Training Dive 3	Trimix 65	_____	_____	_____
Training Dive 4	Trimix 65	_____	_____	_____
Training Dive 5	Tec Trimix	_____	_____	_____
Training Dive 6	Tec Trimix	_____	_____	_____
Training Dive 7	Tec Trimix	_____	_____	_____
Training Dive 8	Tec Trimix	_____	_____	_____

Tec Trimix Instructors Involved in Training

Instructor Name _____ Signature _____

PADI No. _____ Dive Center/Resort No. _____ Date ____/____/____

Phone No. _____ Fax _____ Email _____

Instructor Name _____ Signature _____

PADI No. _____ Dive Center/Resort No. _____ Date ____/____/____ (

Phone No. _____ Fax _____ Email _____

Important Points Regarding Tec Trimix Diver Course Referrals

To the Referring Tec Trimix Instructor(s)

1. Fill in the requested information on this form, including the diver's name and address and your contact information. Also, fill in the appropriate areas of training completed before referring the diver.
2. Attach a copy of the diver's completed Medical Statement to this form.
3. Attach copies of all completed Knowledge Reviews.
4. Give the diver a copy of the entire form, and keep a copy for your records.
5. Encourage the diver to complete training as soon as possible. Advise the diver that the form is only valid for 12 months after the last training session completion date.
6. It is **highly recommended** that you contact the receiving instructor regarding the divers training whenever possible, and have the diver check that the receiving instructor is a Tec Trimix Instructor in current Teaching Status.

To the Receiving Tec Trimix Instructor(s)

1. Have the diver complete and sign a new Liability Release and Express Assumption of Risk for Technical Diving, and Medical Statement.
 - 2. Preassess the diver's skills by having the diver repeat Dive 1 as outlined in the Tec Trimix Diver Instructor Guide.**
 3. A diver may be referred between any completed training session or dive.
 4. Upon completion of each component, sign and date this form in the appropriate area. The diver retains the referral form until the completion of all certification requirements. Retain a copy of this form for your records.
 5. If you complete Training Dive 4, you are the certifying instructor for the Tec Trimix 65 certification. Complete and submit a PADI Positive Identification Card (PIC) envelope and send to PADI for processing. Retain a copy of the completed referral form
 6. If you complete Training Dive 8, you are the certifying instructor for the Tec Trimix certification. Complete and submit a PADI Positive Identification Card (PIC) envelope and send to PADI for processing. Retain a copy of the completed referral form for your records and forward a copy to the originating instructor for his records.
 7. It is **highly recommended** that you contact the referring instructor regarding the divers training whenever possible
-