County of Los Angeles Department of Parks and Recreation
Russ Guiney, Director

Underwater Unit
360 W. El Segundo Blvd., Los Angeles, CA 90061
Office: (310) 965-8258 Fax: (310) 324-4869
Email: tfenderson@parks.lacounty.gov

Underwater Instructor Recertification

Application Year: _____

The County of Los Angeles will issue SCUBA Certification cards only to students of "Active" Instructors. Please note that the new Instructor must also complete this application in order to receive certification cards for SCUBA students.

Name: _____ _____ ____ Birth Date:_____ UICC#: _____
Last First MI

Street: _____ City: _____ State: _____ Zip Code:_____

Telephone: (H)_____ (W) _____ _____
□ Cell or □ Fax

E-mail Address: _____ Check if new e-mail address: □

I wish to receive communication from the Department of Parks and Recreation via: □ regular mail □ e-mail

Number of Dives logged last year: _____

Active Status Requirements:

- □ Complete and submit the Recertification Application
- □ Pay the annual "Active" Recertification Fee of $20 made payable to:
  County of Los Angeles Dept. of Parks and Recreation
  360 W. El Segundo Blvd., Los Angeles, CA 90061
- □ Copy of Instructor's Liability insurance (Please Attach)
- □ Current Copy of CPR certification
- □ Teaching Requirements:
  - □ Teach (2) SCUBA classes or certify 10 students every 2 years; or
  - □ Teach (1) SCUBA class and assist with ADP or UICC; or
  - □ Staff ADP and UICC full time in the current year.

Inactive Status Requirements:

- □ Complete and submit the Recertification Application
- □ Pay the annual "Inactive" Recertification Fee of $20 made payable to:
  County of Los Angeles Department of Parks and Recreation
  360 West El Segundo Blvd., Los Angeles, CA 90061

I hereby submit this Application for Recertification. I certify that the information I provided above is true and correct. I affirm that I meet the requirements for teaching Skin and Scuba diving.

Instructor's Signature: _____ Date: _____

Underwater Unit Office Only:

Date Received: _____ Received By: _____ Payment Type: _____

Check#: _____ Money Order#:_____ Amount: _____ Accepted:_____