



# Full Face Mask Trainer Application

A complete application, including all required documentation, must be received at Dive Rescue International headquarters prior to receiving Trainer materials.

Training Location \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Department/Team Affiliation

Department / Team \_\_\_\_\_ Position / Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Email \_\_\_\_\_

### Required Documentation

 All of the following must accompany this application

- Method of payment
- Documented Dives\*\*
- Full Face Mask Certification or proof of training in the use of Full Face Masks
- Departmental Sponsorship Letter
- Signed Full Face Mask Trainer Standards

### Payment Information Administrative Fee: \$100.00

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
 Department Card Exp. \_\_\_\_\_ Security Code \_\_\_\_\_  
 Personal Card \_\_\_\_\_  
Purchase Order Number \_\_\_\_\_ Please provide a copy of the PO with registration  
Check Number \_\_\_\_\_

### Instructor and/or Training Experience

### Full Face Mask Diving Experience

 Include personal certifications and / or training in the use of Full Face Masks.

Full Face Mask Trainer recognition is earned on the basis of current Public Safety Scuba Instructor (PSSI) or Dive Rescue I Trainer (DRIT) teaching status, credentials from past FFM diving experience, and review by Dive Rescue International. In this way, Dive Rescue International, Inc. preserves the quality of its programs and reaffirms its commitment to present and future trainees.

Once class is complete, the Class Roster, Certification Order Form with payment, and Emergency Action Plan (EAP) must be returned to Dive Rescue International. The Trainer will then be issued certificates and certification cards for each student. There is no student kit for this class.

\*\*Full Face Mask Trainer candidates will be required to complete and send documentation of 25 full face mask dives to headquarters. Trainer candidates must also provide documentation of personal FFM certification or experience.



# Sample Sponsorship Letter

MUST BE ON DEPARTMENT LETTERHEAD  
and contain the following paragraphs!

**Date**

Dive Rescue International  
Attn: Education Department  
201 North Link Lane  
Fort Collins, CO 80524-2712

Dive Rescue International,

This will confirm that **(name)**, an employee of **(department)** is instructing Full Face Mask to our employees in his/her capacity as a certified Full Face Mask Trainer, in conjunction with being a current PSSI/DRIT.

**(Name)** is covered for instructor liability exposure while acting in his/her capacity as an employee of **(department)**. The trainer is defended by the agency self insurance or insured liability coverage.

**(Department)** understands that it is our responsibility to notify Dive Rescue International of changes in this coverage or this employee's status as an employee or instructor.

If you should have any questions on this matter please contact the undersigned.

Sincerely,

**(Department Name)**

Supervisor's Signature

(Supervisor's Name)

(Supervisor's Position)