



TODAY'S DATE:
INSTRUCTOR'S NAME: RODNEY ROCKY HEIKKINEN
INSTRUCTOR'S CERT #: C-DL-00005
INSTRUCTOR'S EMPLOYER: DIVE LAB INC.

# TECHNICIAN COURSE COMPLETION FORM

ANY INCORRECT INFORMATION, WILL RESULT IN AN ADDITIONAL FEE FOR RE-PROCESSING

<b>PRINT</b> Student Name (as you want it to appear on your certificate)	
First Time Student? <small>check box if applicable</small> <input type="checkbox"/>	Fist time Students will receive <u>THREE</u> year Certification Card
Returning Technician? <small>check box if applicable</small> <input type="checkbox"/>	Enter Previous Certificate # <input type="text"/> If don't know, type <b>UNKNOWN</b> in the box. Do not leave the box blank
List employer name only if the company is paying for your training <b>FULL</b> Name of Employer <small>(include LLC, Group, Inc. etc..)</small>	
Independent/Self-Pay <small>check box if applicable</small> <input type="checkbox"/>	Only check this box if you are paying out of pocket
Address <small>(house number &amp; street name)</small>	
City, State And Zip	
Daytime Phone Number	
E-Mail	
Location of Training	Dive Lab Inc., Panama City Beach, FL
Class Dates: Start - End <small>(month/day/year)</small>	
What Size T-Shirt Do You Wear? <small>(Complimentary)</small>	

## WHAT EQUIPMENT WOULD YOU LIKE TO RECEIVE TRAINING ON? (Choose one or both days)

(check box) I would like to receive 3 Day Training

(check box) I would like to receive 4th Day **Optional** Training

### 3 Day - Standard Equipment Includes:

- SL 17A/B
- SL 17C
- SL 27
- KM 37/K
- KM 37SS
- KM 97
- DIAMOND
- KM 47
- KM 57
- KM 77
- KMB 18/28

### Check **ONLY** equipment you want to be trained on 4th Day - Optional Equipment:

- KMACS 5
- SuperFlow 1<sup>ST</sup> STAGE
- Other Equipment:
- M-48 / MOD-1 FFM
- SuperFlow 2<sup>ND</sup> STAGE