



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

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

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 1ST STAGE
- Other Equipment:
- M-48 / MOD-1 FFM
- SuperFlow 2ND STAGE