



Republic of the Philippines  
DEPARTMENT OF TOURISM  
**PHILIPPINE COMMISSION ON SPORTS SCUBA DIVING**



APPLICATION NO. \_\_\_\_\_

**APPLICATION FOR ACCREDITATION FOR SCUBA DIVING INDIVIDUALS**

**ACCREDITATION APPLIED FOR:**

**PROFESSIONAL- P 1,000.00**

**NON-PROFESSIONAL- P 500.00**

Dive Instructor

SCUBA Diver

Dive Master

2 x 2”  
ID picture

**The Executive Director  
Philippine Commission on Sports Scuba Diving  
Department of Tourism Building - Makati, NCR**

Sir/Madam:

Pursuant to the provisions of Letter of Instruction No. 745, and the PCSSD Rules and Regulations governing the accreditation of dive individuals in the Philippines, referencing to the Tourism Act of 2009 - Republic Act 9593, Section 31, attaching the Philippine Commission on Sports SCUBA Diving (PCSSD) to the Department of Tourism (DOT). I hereby apply for accreditation.

The following are facts related to my capacity to engage in such:

<b>NAME OF APPLICANT:</b>					
Address:					
Manila Address (If any) :					
Email Address:			Mobile:	Landline:	
Gender:	Date of birth:		Nationality:	Civil status:	
Emergency contact:		Address:		Number:	
Height: meters	Weight:   kg	Hair color:	Eye color:	Blood Type:	Religion:

<b>CERTIFICATION HISTORY:</b>				
<b>(Please provide copies, N/A if it is not applicable)</b>	Certifying Agency	Member No.	Date Issued	Valid Until
<input type="checkbox"/> Divemaster <input type="checkbox"/> Dive Instructor <input type="checkbox"/> Non-pro				
Nitrox/Technical Diver Training <input type="checkbox"/> Yes <input type="checkbox"/> No				
Life-Saving Training (International Life Saving [ILS], PADI Rescue / EFR, Red Cross, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
First-Aid Training (International Life Saving [ILS], Red Cross, EFR, ILCOR/ PHA CPR Extended Council-recognized) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cardio Pulmonary Resuscitation (CPR) & AED <input type="checkbox"/> Yes <input type="checkbox"/> No				
Oxygen Provider Training <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>OTHER IMPORTANT DOCUMENTS:</b>		
<b>(Please provide copies, and put N/A if it is not applicable to you)</b>	<b>Date Issued</b>	<b>Valid Until</b>
Insurance Policy for diving accident coverage for the current year – if applicable		

<b>FOR FOREIGN NATIONALS:</b>		
<b>(Please provide copies, and put N/A if it is not applicable to you)</b>	<b>Date Issued</b>	<b>Valid Until</b>
Employment permit from the Department of Labor and Employment (DOLE)		
Alien Certificate of Registration (ACR) or VISA from the Commission on Immigration and Deportation (CID)		

I hereby certify that all foregoing data / information and the supporting documents required by the application are true and correct. I certify that I am of good moral character and have not been convicted of any criminal offense.

Furthermore, I will abide by the Implementing Rules and Regulations (IRR) of Sports Scuba Diving and other subsequent memoranda/circulars issued by the PCSSD.

\_\_\_\_\_

Date of undertaking

\_\_\_\_\_

Printed name of applicant

Signature specimen of Applicant

**Accreditation Form should be emailed to:**

E-mail: [accreditation@divephilippines.com.ph](mailto:accreditation@divephilippines.com.ph) / [pcssd\\_dot@yahoo.com.ph](mailto:pcssd_dot@yahoo.com.ph)

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**YOU CAN VERIFY RECEIPT OF YOUR ACCREDITATION FORM BY CALLING THE PCSSD OFFICE AT  
+63 2 524.22.42**

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Date of Filing \_\_\_\_\_

Processed by \_\_\_\_\_

Remarks \_\_\_\_\_

**Approved by:**

\_\_\_\_\_

Executive Director/Officer-in-Charge