

Ocean Technology Systems

DIVATOR II SERVICE TECHNICIANS COURSE REGISTRATION

Where do you plan to attend & date: _____ Todays date: _____

Name: _____ Phone: _____ Cell: _____

Agency: _____ E-mail: _____

Agency Address: _____

Home Address: _____

Please indicate which address you would like your certification mailed to: Agency Home *We do not ship to P.O Boxes*

Method of Payment: Check (must be received before class date) Credit Card

Note: A \$25.00 restocking charge will be applied for all cancellations – **Deadline for pre-registration is 5 business days before class date.**

Credit Card Number: _____ Exact Name on Card: _____

Expiration Date: _____ Verification Code: _____ Signature: _____

Billing Address for Credit Card: _____

City: _____ State: _____ Zip: _____

Own/Use Full Face Masks: Yes No Type/s: _____

Own/Use Underwater Communications: Yes No What brands and type: _____

Type of diving you do: Tec Sport Commercial Military Scientific S & R Fire Dept. Law Enfor.

You can rebuild your AGA FFM during the class. You need to order the following and bring your AGA to the repair class:

Course price per person: \$215.00 Tee Shirt size (for prepaid students): XXL XL Large Medium

Minor Maintenance Kit – Cost \$139.00 Qty: _____ Mini-Test Kit (optional) – Cost \$209.00 Qty: _____

Total Amount Purchased: \$ _____ Date Invoiced: _____ Department Invoice # _____

Customer Purchase Order #: _____ Amount Invoiced: \$ _____ (Terms – NET 30 Days)

Important Notes: CERTIFICATION VALID FOR 5 YEARS. Everyone taking the course must fill out a form. However, if your department is paying for the entire class, only one form has to be filled out with the accounting information. Fax the information to OTS at 714-966-1639 and we will start an invoice process. If you are taking the course as an individual, please submit payment with registration form. If you are paying with a check, money order or a bank check, please remit to: Ocean Technology Systems, 3133 West Harvard Street, Santa Ana, California, 92704 USA attention, AGA Course.

Notes: _____

To be filled out by OTS Representative:

Certification Number _____ Expiration Date _____ Instructor _____