

RECON Class Registration Form

Please complete and submit this form, along with the RECON Diver Registration Forms completed by the students, to SEAinc. upon completion of the RECON training.

RECON Instructor Information

Instructor Name: _____

Instructor RECON ID #: _____ - _____ - _____ - _____

If another RECON Instructor or a RECON III diver assisted with the training, please check their status and give their information below.

Check if: RECON Instructor RECON III Diver

Name: _____

RECON ID #: _____ - _____ - _____ - _____

RECON Class Information

Date of Completion of RECON Course: Month _____ Day _____ Year _____

Total Number of Students in Class: _____

| Student Name | Check if Completed | | | Final Exam Score | Waiver Submitted |
|--------------|---------------------------------------|-----------------------------------|-------------|------------------|------------------|
| | Classroom Sessions and Training Dives | Two RECON Data Collection Surveys | Submit Data | | |
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Mail or Fax to: **RECON** Program
 SEAinc.
 83373 Old Highway
 Islamorada, FL 33036 USA
 305 664-2566 fax