



The Association of Diving Contractors International  
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### LIFE SUPPORT TECHNICIAN EXAM AND CERTIFICATION APPLICATION

Rev. 1 / 2016

#### APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport Number or Other ID Number: \_\_\_\_\_

#### COMPANY

Proctor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Suite

\_\_\_\_\_ City State ZIP Code

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

**If you agree to the terms of the two statements below, please check both boxes.**

- I understand that taking and passing this examination does NOT automatically guarantee issuance of an ADCI Life Support Technician Certification Card and that issuance of any requested ADCI LST Certification Card will be based upon examination performance, as well as the training and experience criteria of the ADCI International Consensus Standards for Commercial Diving Operations, Section 3.0.
- I certify that the person taking the actual final exam is the candidate whose name appears on this application.

\_\_\_\_\_ Proctor Signature Date

**Include payment of \$200.00. This cost includes exam and certification card**  
 For countries outside of the U.S., shipping cost will be determined using USPS, FedEx, DHL, UPS