The Association of Diving Contractors International
5206 FM 1960 West, Suite 202
Houston, TX 77069
Tel: 281-893-8388 Fax: 281-893-5118

SUPERVISOR EXAM RETAKE / RESET

APPLICANT INFORMATION

Full Name: _____ _____ _____
First M.I. Last

Passport Number or Other ID Number: _____

Supervisor Test Exam: ☐ Air Diving ☐ Mixed-gas ☐ Bell/Sat

COMPANY

Proctor: _____ Job Title: _____

Company: _____ Phone: (_____) _____

Address: _____

_____

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 supervisor's certification card and that issuance of any requested ADCI supervisor's 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

Retake fee of $35.00 must be included with this form.