



LOS ANGELES COUNTY
UNDERWATER INSTRUCTOR CERTIFICATION COURSE

VERIFICATION OF CLASS AUDIT/INTERNSHIP

U.I.C.C. Candidate: _____
(Print)

Verifying Instructor: _____
(Print) Agency / Instructor #

As the Instructor, I verify that the above named U.I.C.C. Candidate has successfully completed the following:

AUDIT

Location: _____
(Location of class)

From: _____ To: _____
(Start Date) (End Date)

Please check off which C-Cards were issued to the class

LACO NAUI PADI SSI OTHER _____

Instructor Signature Telephone Number Date

INTERNSHIP

Location: _____
(Location of class)

From: _____ To: _____
(Start Date) (End Date)

Please check off which C-Cards were issued to the class

LACO NAUI PADI SSI OTHER _____

Instructor Signature Telephone Number Date