

Tour Guide Certification Application Form

CERTIFICATION REQUIREMENTS KOROR STATE TOUR GUIDE

2 Copies 2"X2" Photo ID

Applications must be Typed or written legible in black ink.

[] New Applicant [] Renewal TG #:__

Note: A person wishing to register as a tour guide must submit a certificate of successful completion of the following:

- 1) Be at least eighteen (18) years of age
- 2) Be proficient in the Palauan or English language
- 3) Have a valid working permit
- 4) Have a valid CPR and First Aid Certification from an entity that is internationally recognized and known by the Koror State DCLE such as Palau Red Cross or American Heart Association.

	KSG CLE Officials Only	
Received By:		
Date/Time:		

Submit the following with your completed application:

- > Two (2) copies of valid CPR and First Aid certification issued by an internationally recognized CPR and First Aid certifying authority and known by the Koror State DCLE.
- > Two (2) copies of valid picture I.D.
 - Passport, driver's license, or natural I.D. for citizen
 - Passport only for non-citizen
- Two (2) copies of tour guide working permit issued by the Palau National Government if non-citizen. Work permit and passport shall have same name on both documents.
- **Provide Original Copies of valid work permit, CPR Certification, Identification Card and** Passport upon submission of application.

			Detai	ils of A	Applicar	nt:		
Surname, M	/liddle Initial, Last	name						
Address: P.O. Box & Residence						N	Nale [] Female []	
Date of Birth (MM/DD/YY)			Nationality :					
Palau Social Security No.								
Passport No. & Country of Issuance								
Contact Info	ormation:	ol.] Work[•	lama	.il•	
Work Permit No.			Issue Date:					
Position (if dive guide, indicate level)		[] Open [] Master [] Rescue						
	mpany (Employei) &						
	mployer Contact		_					
Office[] Cell[Fax []				
Emergency Contact Info.		Name:			e #: Cell #:			
			Relation:		1			
CPR & First Aid Certification No.		No		Issue Date	!	Expiration Date:		
Proficient Language(s)			English []	Palauan] Indicate Oth	her Lar	nguage :	
Tour Guide Experience (# yrs)								
			1					
	Applicant Signature				_		Date	
	KSG Finance Officials Only							
R	Received by: Payment Date: Receipt Number:			· · · · · · · · · · · · · · · · · · ·				
				License Issue Date:				
				License Expiration Date:				