

CERTIFICATION CARD REPLACEMENT FORM

INSTRUCTIONS

Complete this form if one or more of the following apply:

- Your diver level certification card was lost.
- Your diver level certification card was damaged.
- You changed your name (include a copy of legal documentation of name change).
- You are upgrading from any junior level certification.
- You choose to support conservation and would like to replace your existing card with a Project AWARE version of the certification card.

Please provide us with all pertinent information to the best of your knowledge. If you are unable to provide information in either section, please indicate the exact or approximate year of certification and level of certification.

The more information you provide, the quicker we can process your request.

If you have never received your initial certification card, contact either your PADI Instructor, Dive Center, Resort or PADI to obtain the proper form.

REQUIRED ITEMS

- Please be sure to enclose one 4.5 cm X 5.7 cm / 1³/₄" X 2¹/₄" (approx.) photograph to be used on your certification card.
- Certification information, and if available, any additional documentation and/or verification. (See Section 2B for details.)
- Payment (See Section 3 for details.)

PLEASE INDICATE CARD TYPE. If you do not indicate a card type, you will automatically receive a standard certification card. See page 2 for mailing and processing options.

Project AWARE Foundation Card
(For a minimum donation required for processing, please contact your PADI Office)

PADI Standard Card (no additional fee)

PLEASE PRINT CLEARLY – Provide all pertinent information to the best of your knowledge.

SECTION 1 – Information marked with asterisk (*) is required.

Cert. # _____

* Instructor _____ PADI Instructor No. _____

Dive Center/Resort _____ Store No. _____

* Level of Certification _____ * Date or approximate year of certification _____

* Diver Name (as printed on original certification card) _____

* Mailing Address _____

* City _____ * State/Province _____

* Country _____ * Zip/Postal Code _____

* Home Phone (_____) _____ Business Phone (_____) _____

* Date of Birth _____ Sex: Male Female Email _____
D/M/Y

SECTION 2 – Complete Section 2, Part A and B, **ONLY** if you are unable to enclose a copy of your PADI Validation Card. All PADI certification cards issued after 1980 included a PADI Validation Card.

Have you ever replaced your certification card? Yes No If yes, what year? _____

PART A State and country where certified _____

PART B Completion of this section is not required however, this additional information will expedite the replacement of your certification card. This information is useful in circumstances where there is difficulty locating your records.

If available, submit a copy of one of the following along with this form (do not send original):

1. A signed and dated PADI temporary certification card.
2. A signed letter from the certifying instructor/dive center/resort (including date and level of certification, instructor's name and number).
3. A copy of a signed PADI wall certificate.
4. A copy of your original certification envelope.
5. A copy of both sides of your original certification card

OR

Complete Box A or Box B on the next page, whichever applies.

Tape / Attach a
4.5 cm x 5.7 cm
1³/₄" x 2¹/₄" (approx.)

Head and Shoulder Photo

**PRINT NAME ON
BACK OF PHOTO**

Coin Machine Photos OK
No Dark Glasses

BOX A — To be used by original certifying instructor ONLY Diver Name _____

CERTIFYING INSTRUCTOR'S NAME (Please Print) INSTRUCTOR NO. DIVER'S CERTIFICATION LEVEL

DIVE CENTER/RESORT NAME AND STORE NUMBER ORIGINAL CERTIFICATION DATE INSTRUCTOR'S SIGNATURE
(Must include day/month/year.)

BOX B — To be used by original dive center/resort ONLY if the certifying instructor cannot be contacted or is no longer with the dive center/resort. Diver Name _____

The diver certification may be verified by either the facility owner, manager or another PADI Instructor (of the original store). The verifying person must attest that the original student records are on file with the dive center/resort, as PADI may request that such records be supplied.

ORIGINAL CERTIFYING INSTRUCTOR'S NAME INSTRUCTOR NUMBER

DIVER'S CERTIFICATION LEVEL DIVER'S CERTIFICATION DATE
(Must include day/month/year.)

DIVE CENTER/RESORT NAME VERIFYING INDIVIDUAL'S NAME (Please Print)

VERIFYING INDIVIDUAL'S TITLE VERIFYING INDIVIDUAL'S SIGNATURE

SECTION 3 — CARD MAILING AND PAYMENT

Complete Section A or B Below
Cards processed through REGULAR processing will be mailed via First Class Mail.

Cards processed through PRIORITY processing (available at PADI Americas only) will be processed within 2 working days after receipt of this application and will be mailed via First Class Mail, unless you specify choice of priority mail. If you choose this option, you must include your credit card number and expiration date, or a separate check sufficient to cover mailing costs.

Check here and fill in the blank if you wish to specify choice of priority mail service. (Available at PADI Americas only.)

Mail Services _____

A Project AWARE Foundation Card* – (Optional)

*You can choose to support conservation and receive a Project AWARE version of your certification card.

- Project AWARE Foundation Card
REGULAR Processing Fee + donation
(Contact your PADI Office for minimum donation) _____
- Project AWARE Foundation Card
PRIORITY (48 hours) Processing Fee + donation
(See price list - available at PADI Americas only)
(Contact your PADI Office for minimum donation) _____

B Standard PADI Card

- REGULAR Processing Fee (See price list.)
- PRIORITY (48-hour) Processing Fee (See price list.)
(Available at PADI Americas only.)

PAYMENT METHOD

See current price list for payment information.

- MasterCard VISA American Express
- Discover Card JCB Maestro/Solo (UK only)
- Check/Bank Draft No.* _____

*Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.

Card Number _____

Card expiration date _____

Maestro/Solo valid from date _____ or Issue No. _____ (UK only)

Cardholder Name _____
Please Print

Authorized Signature _____

MAIL TO: Your PADI Office

For mailing information, see current price list or visit padi.com.

| | |
|---------------------|-------|
| FOR OFFICE USE ONLY | |
| Rec'd | _____ |
| Entr'd | _____ |
| Shp'd | _____ |

PADI is not responsible for forms, copies or photos that are damaged, lost or delayed in the mail.

PLEASE ALLOW 3-4 WEEKS FOR THE PROCESSING OF YOUR CARD
Should additional information be necessary or a problem arise, you will be notified as soon as possible.