



NEVER RECEIVED CARD FORM

If you have recently completed a scuba course with a PADI Instructor and have not yet received your certification card, please complete the form below. To thoroughly research our records, we need you to complete this application to the best of your ability. Your request will be researched as quickly as possible.

Note: This form does not guarantee the processing of your request for a certification card. A certification card is processed only after review and approval of this application. We apologize for any inconvenience or delay this situation may have caused you.

PLEASE TYPE OR PRINT CLEARLY

If validated return certification card to: Dive Center/Resort Instructor Diver Certification Number (if available) _____

Instructor _____ PADI Instructor Number _____

Dive Center/Resort _____ Store Number **S** - _____

Level of Certification _____

Date of Certification (Day/Month/Year) _____

Diver's Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province/Country _____ Zip/Postal Code _____

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

Email _____

Tape / Attach a
4.5cm 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

Gender: Male Female Date of Birth: Day _____

JAN APR JUL OCT
 FEB MAY AUG NOV
 MAR JUN SEP DEC Year: _____
Circle appropriate month.

Do you recall completing a certification envelope? YES NO

Did your Instructor give you the certification envelope to mail to PADI? YES NO

Were you issued a signed Temporary card or wall certificate? YES NO
If yes, please submit a copy of the Temporary card or wall certificate with this form.

Did you log your training dives in your log book and have the Instructor sign it? YES NO
If yes, please submit copies of all Instructor-verified training dives.

Have you received a Course Evaluation Questionnaire? YES NO
If yes, approximately when did you receive it?

If you still have the envelope your questionnaire came in, please list the certification number found on the address label: _____

Were all phases of your training completed by the same Instructor? YES NO

If no, please list the names of all additional Instructors/Dive Centers/Resorts:

	Instructor	Dive Center/Resort	Location
Classroom/confined water sessions	_____	_____	_____
Open water training dives	_____	_____	_____

If the Instructor for your classroom and confined water work was different than the Instructor who completed your open water training dives, did you receive a:

- a. Student Referral form YES NO
- b. Signed letter from both Instructors containing the completion dates and level for each phase of your scuba training. If you have such documents, please include copies. YES NO

Note: If the instructor conducting your open water dives is not a member of PADI, it will not be possible for you to receive a PADI certification card at this time. Please contact your PADI Dive Center/Resort or PADI Office for information and procedure for this situation.

CERTIFICATION LEVEL

Please indicate the level of certification for which you are requesting a replacement card:

- | | | |
|--|---|--|
| <input type="checkbox"/> Skin Diver | <input type="checkbox"/> Junior Adventure Diver | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> Junior Scuba Diver | <input type="checkbox"/> Adventure Diver | <input type="checkbox"/> Specialty _____ |
| <input type="checkbox"/> Scuba Diver | <input type="checkbox"/> Junior Advanced Open Water Diver | <input type="checkbox"/> Junior Open Water Diver |
| <input type="checkbox"/> Advanced Open Water Diver | <input type="checkbox"/> Open Water Diver | <input type="checkbox"/> Junior Rescue Diver |
| <input type="checkbox"/> Other _____ | | |

DIVER STATEMENT – (must be signed to enable PADI to issue a certification card)

I understand all training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities and in other geographic areas, and after periods of inactivity that exceed six months.

I agree to abide by PADI's Standard Safe Diving Practices.

Diver's Signature _____

EMERGENCY FIRST RESPONSE PROGRAM (No photo required)

Indicate Course level _____

PLEASE READ CAREFULLY – *Though this section is not required, its completion is highly recommended; this additional information will speed the processing of your certification card. If you are easily able to contact your original Instructor/Dive Center/Resort and they will provide verification of your scuba certification, please have them complete the appropriate section below. Please be sure that all requested information is provided and original certification information is used.*

TO BE USED BY ORIGINAL DIVE CENTER OR ORIGINAL CERTIFYING INSTRUCTOR ONLY

If the certifying Instructor is no longer with the Dive Center/Resort, either the facility owner, manager or another PADI Instructor (of the original store) may verify the student's certification. 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

PAYMENT METHOD

See current price list for payment information.

- MasterCard VISA American Express
 Discover Card JCB Maestro/Solo (UK only)
 Check/Bank Draft Number* _____

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

Card Number _____

Card expiration date _____ Security code _____

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

Cardholder Name _____
Please Print

Authorized Signature _____

CHECKLIST

- Application completed in full
 Applicant signature
 Photo attached (print name on back)
 See price list for fee
 Copies of your PADI Temporary card or wall certificate (if available).

CARD OPTIONS

- PADI Standard Card (no additional fee)

To help preserve the aquatic environment, please select and indicate the amount of donation:

- Project AWARE Foundation Card _____
(Contact your PADI Office for minimum donation)
 Additional Project AWARE Foundation donation _____
(A donation of any amount is appreciated)

PLEASE ALLOW 2-3 WEEKS FOR RESEARCH

Rec'd _____ Ent _____ Shp'd _____