



# 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 \_\_\_\_\_

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

Gender:  Male  Female Date of Birth: Day \_\_\_\_\_ Year: 19 \_\_\_\_\_

Attach a  
 4.5 cm x 5.7 cm  
 134" x 21/4" (approx.)  
 Head and Shoulder Photo

**PRINT NAME ON  
 BACK OF PHOTO**

Coin Machine  
 Photos OK  
 No Dark Glasses

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 Master Scuba Diver |
| <input type="checkbox"/> Junior Open Water Diver | <input type="checkbox"/> Advanced Open Water Diver        | <input type="checkbox"/> Master Scuba 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 them. I am adequately prepared to dive in the local area under conditions similar to those in which I was trained. I realize that additional training is required for participation in specialty diving activities and in other geographic areas, and recommended after periods of inactivity.

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 <small>(Must include day/month/year.)</small>
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

- Check – **Must be payable to PADI in US dollars, and drawn on a US bank.**
- MasterCard    VISA    American Express
- Discover Card    JCB    Switch Issue No. \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Card No. \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
Please Print

Authorized Signature \_\_\_\_\_

**CHECKLIST**

The following materials must be returned with this form. PADI will not be able to research your request without these items:

- Photograph
- Processing fee: If original certification date is greater than one year from the date of this application, a fee will be required. Contact your PADI Office for appropriate fee.
- Copies of your PADI Temporary card or wall certificate (if available).

**PLEASE ALLOW 2-3 WEEKS FOR RESEARCH**