

PADI® NEVER RECEIVED CARD FORM

30151 Tomas Road • Rancho Santa Margarita, CA 92688 USA • (949) 858-7234 • FAX (949) 858-7264 • www.padi.com

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 re-searched 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

Return card to: Dive Center/Resort Instructor Diver Certification Number _____

Instructor _____ PADI Instructor Number _____

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

Level of Certification _____

Date of Certification _____

Diver's Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province/Country _____ Zip/Postal Code _____

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

Date of Birth _____ Sex: Male Female
Day/Month/Year

Attach a
4.5 cm x 5.7 cm / 1¾" x 2¼"
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 Student 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 local PADI Dive Center/Resort or this 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 Advanced Plus | <input type="checkbox"/> Specialty _____ |
| <input type="checkbox"/> Junior Open Water Diver | <input type="checkbox"/> Advanced Plus | |
| <input type="checkbox"/> Open Water Diver | <input type="checkbox"/> MEDIC FIRST AID | |
| <input type="checkbox"/> Junior Advanced Open Water Diver | <input type="checkbox"/> Junior Rescue Diver | |
| <input type="checkbox"/> Advanced Open Water Diver | <input type="checkbox"/> Rescue Diver | |

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 geographical areas, and recommended after periods of inactivity.

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

Diver's Signature _____

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 CERTIFYING INSTRUCTOR ONLY

_____	_____	_____
CERTIFYING INSTRUCTOR'S NAME (Please Print)	INSTRUCTOR NO.	DIVER'S CERTIFICATION LEVEL
_____	_____	_____
DIVE CENTER/RESORT NAME AND PADI NO.	ORIGINAL CERTIFICATION DATE (Must include day/month/year)	INSTRUCTOR'S SIGNATURE

TO BE USED BY ORIGINAL DIVE CENTER 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

CHECKLIST

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

- Photograph: Clear and unobstructed. Head-and-shoulders, 4/5 cm x 5.7 cm / 13/4" x 21/4"; student name printed on back, no dark glasses.
- \$20 Processing fee. In the event it is not necessary to reprocess your certification card, the processing fee will be returned.
- Copies of your PADI Temporary card or wall certificate (if available).

PLEASE ALLOW 5-6 WEEKS FOR RESEARCH