

# REPLACEMENT CARD FORM

## DIRECTIONS FOR PLASTIC CERTIFICATION CARD

To order your non-digital replacement card, either visit your local SSI Dive Center that can be found at [www.divessi.com](http://www.divessi.com) or you can complete this form and return it by the methods indicated below.

### **1. Mail, email or fax this completed form and a 2" x 2" passport-style photograph in .jpg format to:**

Scuba Schools International  
c/o Replacement Diver Cards  
902 Clint Moore Road Suite 210  
Boca Raton, FL 33487 U.S.A.

Email [c-cards@divessi.com](mailto:c-cards@divessi.com)

Fax (800)253-8509

### **2. Fill out this form digitally via Adobe Acrobat and submit.**

We will verify your certification, make a replacement card and return it to you as quickly as possible. If for any reason we are unable to verify your certification, we will return your photo and payment.

### **If you complete this form digitally and submit it (encouraged):**

You may complete fill out the following form in [Adobe Acrobat](#) using the Acrobat form tools. Required fields should be indicated in red. Submit the completed form via email by clicking the "**Click Here To Submit Form Via Email**" link at the bottom of the form. If submitting the completed form digitally, you will need to digitally sign the form using the Acrobat signature function for the form to be valid. If you do not already have a digital signature saved in Acrobat, you will need to create one using the signature wizard in Acrobat. *If you choose not to create a digital signature*, you will need to print the completed form and sign it manually before submitting it back to SSI.

Clicking the "**Click Here To Submit Form Via Email**" link will begin a new email using your default email client with the form attached, and the email will prompt for you to attach your picture before sending to SSI.

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## DIVER INFORMATION

(BOLD ITEMS = REQUIRED INFORMATION)

FIRST NAME \_\_\_\_\_ Middle Initial \_\_\_\_\_ LAST NAME \_\_\_\_\_

LAST NAME AS IT APPEARED ON THE CARD

Photo Enclosed with this form  Photo emailed  NAME CHANGE \_\_\_\_\_

LAST NAME AS IT SHOULD APPEAR ON CARD NOW — NEED COPY OF CERTIFICATE FOR PROOF

Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Street \_\_\_\_\_ Apt/Suite/Bldg \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

Email address \_\_\_\_\_

Phone (work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE CERTIFIED \_\_\_\_/\_\_\_\_  
MONTH / YEAR

## CERTIFICATION CARD INFORMATION

SSI Card Type:  Junior  Open Water  Specialty  Advanced  Master  Other List: \_\_\_\_\_

Specialties \_\_\_\_\_

Card Number \_\_\_\_\_ Current Number of Dives \_\_\_\_\_

DIVE CENTER \_\_\_\_\_ Instructor Name \_\_\_\_\_

CITY \_\_\_\_\_ State/Country \_\_\_\_\_

## PRIVACY STATEMENT

I understand and agree that for the purpose of diver training and for verification of my certification, SSI will retain the personal information I have provided to them during my training which includes, but is not limited to, my name, mailing address, email address, phone number, date of birth, photograph, and diver certification number.

This personal information will be stored in SSI's database, also referred to as ODIN. SSI will take reasonable steps to ensure that this data is protected, and I will be given a username and password which will allow me to access the SSI database and verify that my personal information contained therein is correct, current, and accurate.

I authorize Scuba Schools International (SSI), an SSI affiliate, or an SSI subsidiary, the right to access this information for purposes of verifying the requested certification.

\_\_\_\_\_  
• SIGNATURE

\_\_\_\_\_  
• DATE

\_\_\_\_\_  
• SIGNATURE OF PARENT OR GUARDIAN WHERE APPLICABLE

\_\_\_\_\_  
• DATE

## SHIPPING & PAYMENT INFORMATION

Check box if same as above Street \_\_\_\_\_ Apt/Suite/Bldg \_\_\_\_\_

NO EXPEDITED SHIPPING TO PO. BOXES

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

**Are** you shipping to your work? If yes, please list the company name \_\_\_\_\_

Please send me an SSI replacement card @ US \$45.00 ..... \$ 45.00

I need my replacement card(s) by \_\_\_\_\_ (Not Guaranteed)

Also send me     **DUPLICATE** replacement cards (same name) @ US \$30 each ..... \$ \_\_\_\_\_

Shipping:  Standard Mail — Free (default method)  2nd Day by 3pm — \$20.00  Overnight — \$36.00

**total:**

\$

Payment:  VISA  MasterCard  AMEX # \_\_\_\_\_ Expires \_\_\_\_\_ Code \_\_\_\_\_

Signature \_\_\_\_\_

NEED WAIVER SIGNATURES TO MATCH ONLINE SYSTEM