

# REPLACEMENT CARD FORM



## DIVER INFORMATION (BOLD & ASTERISKED 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

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

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_ Country \_\_\_\_\_

**Email address** \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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

Specialties \_\_\_\_\_

Card Number \_\_\_\_\_ Card Number of Friend from Class \_\_\_\_\_ **Current Number Logged Dives** \_\_\_\_\_

**DIVE SHOP** \_\_\_\_\_ Instructor Name \_\_\_\_\_

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

## SHIPPING & PAYMENT INFORMATION

Check box if same as above Street \_\_\_\_\_ Apt/Suite/Bldg \_\_\_\_\_  
NO EXPEDITED SHIPPING TO P.O. BOXES

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_ Country \_\_\_\_\_

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

Please send me  1  SSI replacement card @ CDN \$40 ..... \$  40

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

**Also send me**   **DUPLICATE replacement cards (same name)** @ CDN \$25 each ..... \$ \_\_\_\_\_

**Shipping:**  Standard Mail - Free

**Payment:**  VISA / MasterCard # \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_ CV# \_\_\_\_\_

Signature \_\_\_\_\_  
NEED WAIVER SIGNATURES TO MATCH ONLINE SYSTEM

## 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 consent to SSI, an SSI authorized affiliate, or an SSI subsidiary, accessing this information for purposes of verifying my diver certification.

\_\_\_\_\_  
▲ SIGNATURE

\_\_\_\_\_  
▲ DATE

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

\_\_\_\_\_  
▲ DATE