

WORKSHEET ONLY!



PADI PIC Identification Card

**DO NOT SEND
TO PADI!**

PART 1:

Return Card to: Dive Center Referring Dive Center/Resort Referring Instructor Instructor Student

Instructor: _____ Instructor Number: _____

Dive Center/Resort Number: S- _____

Student Certification Level: _____

Certification Date:

Day

○ Jan

○ May

○ Sep
○ Oct

○ Jun

○ Nov

○ Jul

○ Dec

○ Aug

○ Dec

Year

Certification Country: _____ Certification State: _____

Certification Zip/Postal Code: _____ Is this a Referral: Yes No

Referral Dive Center/Resort Number: S- _____ Is this a Pre-Registration: Yes No

Referral Instructor: _____

PART II:

Student Name: _____
First _____ Middle Initial _____ Last _____

Student Mailing Address 1: _____

Student Mailing Address 2: _____

Country: _____

City: _____

State: _____

Zip/Postal Code: _____

Home Phone Number: _____

Email Address: _____
required for processing

- I do not wish to receive marketing related mailings from PADI
 I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties

Date of Birth:
Day
○ Jan ○ May ○ Sep
○ Feb ○ Jun ○ Oct
○ Mar ○ Jul ○ Nov
○ Apr ○ Aug ○ Dec

Sex: M F



SPECIAL OFFER

Receive your limited edited 25th Anniversary Project AWARE version of your certification card with a donation of \$10 or more.

Yes, I would like to support ocean protection through my enclosed donation for the Project AWARE version of my certification card.

\$10 \$25 \$50 Other _____

PAYMENT METHOD

- American Express Discover Card
 MasterCard Visa

Amount \$ _____ Card Expiration Date _____

Card No. _____

Cardholder Name _____



Please Print