

SSI - REPLACEMENT CARD FORM

Directions

To replace your card, follow these directions:

1. Complete the **Diver Information** on this form.
2. Complete the **Payment Information** on this form.
3. Provide a **1" x 1" photograph**.
4. SSI replacement cards \$25 each
5. This process takes about two to three weeks .

Diver Information

First Name _____ **Middle Initial** _____ **Last** _____

Date of Birth:(MM/DD/YYYY) ____/____/____ Sex: __M__F

Street: _____ City _____

State _____ Zip/Postal _____

Phone (W) _____ (H) _____

YEAR CERTIFIED _____ Month Certified _____

Rating: __Open Water__ Specialty __Advanced__ Master

SSI Card Number _____ Number of Logged Dives _____

Authorized Dealer _____ **Instructor** _____

City _____ **State/Country** _____

BOLD ITEMS = Required information