## WORKSHEET ONLY!



DO NOT SEND TO PADI!

## PADI PIC Identification Card

## **PART 1:**

Return Card to:  Dive Centre  Referring Dive Centre/Resort  Referring Instructor  Instructor  Student	
Instructor:	Instructor Number:
Dive Center/Resort Number: S	
Student Certification Level: Certification	on Date: Day Day O Jan O May O Sep O Feb O Jun O Oct O Mar O Jul O Nov O Apr O Aug O Dec
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 Number:	
PART II:	
Student Name:	e Initial Last
Student Mailing Address 1:	SPECIAL OFFER
Student Mailing Address 2:	PROJECT AWARE * Receive a Project AWARE version of your certification card with a donation of \$10 or more.
Country:	
City:	Yes, I would like to support ocean protection through my enclosed donation for the Project AWARE version of my
State:	certification card.
Zip/Postal Code:	□ \$10 □ \$25 □ \$50 □ Other
Home Phone Number:	PAYMENT METHOD
Email Address:	American Express Discover Card
	☐ MasterCard ☐ Visa
<ul> <li>I do not wish to receive marketing related mailings from PADI</li> <li>I shares to receive mailings from PADI Partners, such as</li> </ul>	Amount \$ Card Expiration Date
<ul> <li>I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties</li> </ul>	Card No
Date of Birth:       Day       O Jan       O May       O Sep         Date of Birth:       Day       O Feb       O Jun       O Oct       O Nov         Sex:       M       F       F       O Aug       O Dec       Year	Cardholder Name