NAUI SERVICES GROUP, INC.

PO Box 89789
Tampa, FL 33689
813-628-6284
813-628-8253 Fax

CERTIFICATION REPLACEMENT FORM

*Fill this form out **completely**, including all italicized information. Processing times may be delayed if: your certification was outside of the U.S., more than 20 years ago or if we need to verify your information with the instructor.
*This form may be faxed to (813) 628-8253.
*If asking for a name change, include a clear copy of your Photo ID (Passport or Driver's License) and legal documents.
*For quicker processing time, include copies of any documentation you may have (i.e. - wall certificate, photocopy of your original card, instructor signed training log pages.)

*** PLEASE CLEARLY PRINT INFORMATION ***

Current Name (or send copy of legal change) _____

Name at time of certification _____

Course Level (Scuba, Advanced, Master, etc.) _____ **Instructor NAUI #** _____ ***Course Date*** ____ ____ – ____ ____
Month ***Year***

Instructor's Name _____

Facility Name, if any (to be typed onto card) _____

PIN #, Registration #, or Social Security # _____ ***Date of Birth (MM/DD/YY)*** ____ ____ ____ ____ ____ ____

Address at time of certification (city, state, country) _____

Country you were certified in (If different than above) _____

Credit Card Information ☐ **Discover** ☐ **Visa** ☐ **MasterCard** ☐ **American Express** **CVV Code (3-4 digit) Required** _____

Credit Card Number _____ **Exp.** ____ ____ – ____ ____
Month Year

Cardholder Name _____

Cardholder Signature X _____

Order Form (All prices are subject to change without notice)

Quantity	Description	Price	Extended Amount
	Standard Replacement Card(s)	$30.00	
	Limited Edition Card(s)	**Not available at this time**	
	Additional Card(s)	½ price	
	Replacement Certificate	$20.00	
*Select Shipping Option:			
	Ground	Actual shipping rates will be charged.	
	International Priority Service		
	Next day delivery** **and 24-hour processing**		
	Second day delivery** **and 24-hour processing**		
	For Member or CAP participants, use member or CAP # for price level.		
	*****Actual rates will be charged. Rates are subject to change as carrier rates change. Fuel surcharges are included where applicable. Please call for details. ** PLEASE NOTE: These services may not be available for APO addresses, PO Boxes or areas outside of the United States. Weekends and holidays are not included in delivery time. Please call for details. TOTAL AMOUNT		

Ship to:
Attention: _____ Daytime Phone: _____ Fax Number: _____

Mailing Address: _____

City, State, Zip: _____

Country: _____ Email: _____

I do hereby swear, under penalty of perjury, that I am at least 18 years of age, that I was issued a NAUI certification card as indicated above on or about the date indicated above. I further state that I have lost the card which was issued and, after a thorough search, can find no other information except that provided above to substantiate this affidavit. I hereby release NAUI, its members, directors, and officers from any and all liability that may arise as a result of accepting, as true, this affidavit and issuing a replacement card.

Signature: _____ Date: _____
(Must be signed by parent or guardian if under 18 years of age)