



**NAUI EUROPE**  
 Bedrijvenweg 3a  
 7442 CX Nijverdal  
 The Netherlands (NL)

Phone: +31(0)548 612 366  
 Fax: +31(0)548 611 769

\*Fill this form out completely, including all italicized information.  
 \*This form may be faxed to 0031 548 611 769 if being paid by credit card.  
 \*Include a clear copy of your Photo ID (Passport or Driver's License) and legal documents if asking for a name change.

**PLEASE CLEARLY PRINT INFORMATION**

Name at time of certification: \_\_\_\_\_

Course Level: \_\_\_\_\_ Instructor NAUI# \_\_\_\_\_ Course date \_\_\_\_\_  
 (Scuba, Advanced, Master, etc.)

Instructor's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
 (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)

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

Quantity	Description	Price
	Replacement card	€42.50
	Replacement certificate	€25.00
TOTAL ENCLOSED:		€

**PAYMENT METHOD**

- Money Order (bank prepayment) #
- MasterCard
- Visa

**Bank-account;**

NAUI B.V. (Nijverdal - The Netherlands)  
 ABN-AMRO bank account nr. 59.35.89.254  
 IBAN; NL05ABNA0593589254  
 BIC; ABNANL2A

CREDIT CARD#

\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ CVV code \_\_\_\_\_

Cardholder's Signature Exp. Date MM/ YR

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: \_\_\_\_\_