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**CERTIFICATION APPLICATION**

**Please TYPE or PRINT clearly!** (Hard-to-read entries cause you delays & added expense)

**PICTURE  
 REQUIRED**  
 3.8 x 3.8 cm  
 (1.5"x1.5")  
 .jpg format is

Last Name

\_\_\_\_\_

First Name, M.I.

\_\_\_\_\_

Home Address , Please

Street address \_\_\_\_\_

City, State, ZIP(Postal) Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Student Signature X \_\_\_\_\_  if applicable:  
 under  over Age 18

**Part 1:** Date \_\_\_\_\_ Instructor Name \_\_\_\_\_ # \_\_\_\_\_

**ANDI** Training Facility \_\_\_\_\_ # \_\_\_\_\_

**Part 2:** Date \_\_\_\_\_ Date Quiz / Exam Completed \_\_\_\_\_

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

**ANDI** Training Facility \_\_\_\_\_ # \_\_\_\_\_

**Part 2:** Instructor Signature \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ **ANDI IHQ OFFICE USE ONLY:** \_\_\_\_\_

Facility Dues Pd  Instructor Dues Pd  Correct Instructor Name/Number  Correct Facility Name/Number

Received \_\_\_/\_\_\_/\_\_\_ Amount received \_\_\_\_\_ Pmt by \_\_\_\_\_

Processed \_\_\_/\_\_\_/\_\_\_ Certification No. \_\_\_\_\_ Card Date \_\_\_\_\_ By \_\_\_\_\_

Shipped \_\_\_/\_\_\_/\_\_\_ Returned via: \_\_\_\_\_  to source  to address above  to RHQ

Entered ACT \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_  QA Rec Loc \_\_\_\_\_ ID C:/ANDI/ Forms/Cert App 080905.wpd

**Please ✓ only one box  
 in each section**

- Certification card with wall diploma
- Certification card
- Wall Diploma
- Extra Cert card

- OWD  OSD
- OCD  OAD
- LSU  RSD
- AOW  CSU
- FRS  TSD
- CPR  TTM
- FAP  ERD
- OXP  TMD
- SWD  \_\_\_\_\_

**Rebreather Courses**

- ICC  CCR
- SCR  TRD
- ERE  \_\_I

Equip: \_\_\_\_\_

**Leadership Courses**

- CGB  CST
- \_\_\_ Divemaster
- \_\_\_ Instructor
- \_\_\_\_\_ IT

**Delivery Option  
 Mail Cert to student**

- USA add \$3.00
- Non-USA add \$5.00