



ANDIINTERNATIONAL

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CERTIFICATION APPLICATION

Please Enter Data Clearly! (Hard-to-read entries cause you delays, errors & added expense)

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

Last Name _____

First Name, M.I. _____

Home Address , Please
Street address _____

City, State, ZIP(Postal) Code _____

Country _____ Telephone _____ E-Mail _____

Student Signature **X** _____ Age last Birthday _____ 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 By _____ QA Rec Loc _____ ID C:/ANDI/ Foms/Cert App 160220.wpd

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

- Certification card with wall diploma
- Digital of above sent via E-mail
- Wall Diploma
- Certification card

- OWD JSD
- OSD OCD
- OAD AOW
- LSU RSD
- 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