



74 Woodcleft Ave
Freeport NY USA 11520

e-mail :
certifications@andihq.com
www.andihq.com

CERTIFICATION APPLICATION

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

Last Name

First Name, M.I.

Home Address , Please

Street address _____

City, State, ZIP(Postal) Code _____

Country _____ Telephone _____ E-Mail _____

Student Signature X _____ under over Age 18 if applicable:

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

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

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