PIC ON-LINE PROCESSING FORM

INSTRUCTOR:_____INSTRUCTOR NUMBER_____

CERTIFICATION LEVEL:_____CERT DATE:_____

NAME: _____ _____ _____
First MI Last

MAILING
ADDRESS_____

CITY:_____ ST:_____ ZIP_____

HOME PHONE:_____

EMAIL
ADDRESS:_____

DATE OF BIRTH: _____ _____ _____
Year Month Day

SEX: M F

CARD TYPE _____ PROJECT AWARE ($5 +) _____STANDARD

COURSE RENTAL EQUIPMENT

BC_____ MASK_____

REGS:_____ FINS:_____

WETSUIT:_____ SNORKEL:_____

HOOD:_____ BOOTS:_____

GLOVES:_____ OTHER:_____