



# Lost/Replacement Card Form

**Please complete the form below and return to PDIC with a photo and payment**

Name (FIRST)  (MI)  (LAST)

Address

City  State/Province  Postal/Zip Code

Country  E-Mail

Phone  DOB (mm/dd/yy)  Sex

Course Location  Cert. Date (mm/dd/yy)

Cert. #  Training Level

Instructor Name  Instructor #

Name at completion of course

**Attach Photo Here**

Click in box to add photo

## Form of Payment

\$30 Replacement Fee ( U.S./Canada)  \$40 International Fee

**Do not send cash**

Total Payment \$  USD  Check/Money Order (payable to PDIC) Check #

Visa  MasterCard  Discover  American Express Card#

CVC Code  (3-4 digit code of back of card) Exp. Date mm/yy

Billing information for this credit card (if different from above):

Name (FIRST)  (MI)  (LAST)

Address  City

State/Province  Postal/Zip Code  Country

Cardholders Signature  Date (mm/dd/yy)

Send completed form along with payment to

**PDIC | 1623 W. Jackson Street | Muncie, IN 47303 | USA | 765-281-0133 | Fax to 765-288-1297  
info@pdic-intl.com**