



CERTIFICATION REQUISITION FORM

NAME _____

CURRENT ADDRESS _____

PHONE NUMBER _____

CERTIFICATE REQUESTED	DATE CLASS WAS TAKEN	NAME OF INSTRUCTOR	FACILITY WHERE CLASS WAS TAKEN

There will be a processing fee of \$10 for each certificate* requested. Please allow up to 14 days for processing. Hard copies of the cards will be mailed out to the address listed on this form.

Please mail completed requests with payment enclosed to: SCMG
1070-1 Tunnel Road Suite 212
Asheville, NC 28805

**Disclaimer: In certain situations, Lifeguard and CPR/AED certificates are two separate requests.*