



**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  
4441-106 Six Forks Road, Suite 114  
Raleigh, NC 27609

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