



**Underwater Sports, Inc.**  
Technical Services Department  
**(206) 362-3310**  
Service@UnderwaterSports.com

Underwater Sports  
10545 Aurora Ave. North  
Seattle, WA 98133



Yes, please sign me up for our newsletter and special sales.

Please fill out this form **completely - one** for **each** BCD.

**Company, Department, or Team Name** *if applicable.*

**First Name**

**Last Name**

**Address 1**

**Address 2**

**City**

**State**

**Zip**

**Phone**

**Email Address**

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## BCD Information

BCD Components (Put N/A in non-applicable fields)

	Manufacturer	Model	SN#, Size, Color
BCD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inflator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alt. Inflator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Purchased From** *(Store, City & State required if requesting warranty work)*

**Date of Purchase** *(Roughly)*

**Purchase Price** *(Roughly)*

## Service Requested

**Please check all that apply:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annual Service BCD     | <input type="checkbox"/> Overhaul BCD            | <input type="checkbox"/> Overhaul Inflator |
| <input type="checkbox"/> Overhaul Alt. Inflator | <input type="checkbox"/> Clean BCD               | <input type="checkbox"/> Check for Leaks   |
| <input type="checkbox"/> Replace Inflator       | <input type="checkbox"/> Sew/Fix (Specify below) |  |

**Please describe symptoms, issues and other service/s requested:**

## Verify, Print and Submit

*Thank you for trusting Underwater Sports for your service needs. Our certified technicians service your equipment following manufacturers specifications. The turn around time on every service varies. If this is a rush order, please let us know your needs and we will try and accommodate. We do offer special pricing for express service.*

*I understand that by submitting this form I am authorizing Underwater Sports, Inc. to perform all the work requested.*

**Electronic Verification**

**Full Name**

After filling out form, please email a copy to [Service@UnderwaterSports.com](mailto:Service@UnderwaterSports.com) and keep one for your records. We will email you confirmation so please add us to your approved senders. Please print a copy of the completed form and include it in the box with your BCD.

**Please SUBMIT this form to  
[Service@UnderwaterSports.com](mailto:Service@UnderwaterSports.com)**

