

SCIENTIFIC DIVER INFORMATION SHEET

Application Date: ____/____/____

1.0 Personal Information

Applicant Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone: _____

Special Instructions: _____

2.0 Employment Information

Employer Name: _____ Position/Title: _____

Supervisor Name: _____ Position/Title: _____

Supervisor Address: _____

Supervisor Phone: _____ Supervisor Email: _____

3.0 Scientific Diving Experience

Have you previously been as qualified scientific diver? **YES / NO**

If YES: Please complete information below and provide an official letter from the previous institution's DSO verifying scientific diver training and qualification, with copies of supporting documentation.

Institution/Organization Name: _____

Date of Last Scientific Dive: _____

Diving Safety Officer Name: _____

Address: _____

Phone: _____ Email: _____

4.0 General Diving Experience

Dive Training (attach copies of all certifications) Agency Date

Certification Level: _____

Number of Career Dives: _____

Additional Certifications (i.e. drysuit, enriched air nitrox, dive rescue, etc.)

1. _____

2. _____

3. _____

4. _____

Emergency Care Training CPR _____

First Aid _____

Oxygen Administration _____

Other _____

Diving Experience Summary- Please provide a brief description of your diving experience. Include total number of dives, diving environments, equipment used, projects worked on, investigators with whom you have worked, etc. Use additional pages if necessary. Attach copies of any/all certifications..

Recent Diving Activity- please summarize your most recent diving activity below.

	Date	Location	Depth	Time	Purpose	Institution/ Organization
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

5.0 Proposed Diving Activities

Briefly describe your proposed diving activities. Include depth ranges(s), site/locations, tasks and equipment, # dives per day, # divers, etc. (this is not a substitute for an authorized Dive Plan).

6.0 Equipment Information (R = required equipment) (* = proof of annual service required)

NOTE: When required, proof of service/testing by a qualified technician is necessary even for newly purchased equipment.

	<u>Model/Type</u>	<u>Serial No.</u>	<u>Service Date</u>
Regulator (* R)	_____	_____	_____
Alternate Air Source (* R)	_____	_____	_____
Pressure Gauge (* R)	_____	_____	_____
Depth Gauge (* R)	_____	_____	_____
Timing Device (R) or Dive Computer (* R)	_____	_____	_____
BC/ BCD (R)	_____	_____	_____
Exposure Suit	_____		
Weight System	_____		
Mask, Snorkel & Fins	_____		
Cutting Tool (R)	_____	Audible Surface Signal (i.e. whistle) (R)	_____

Additional Equipment: _____
