

SCIENTIFIC DIVING CERTIFICATION

**THIS PAGE TO BE COMPLETED BY THE
SCIENTIFIC DIVER APPLICANT**

Diver's Name _____	Today's Date _____
Address _____	
Phone _____	Birth Date _____ Age _____

EMERGENCY CONTACT INFORMATION	
Name _____	Relation _____
Address _____	Phone _____

SCUBA CERTIFICATION	
Open Water Certification: Agency _____	Date Certified _____
Advanced Certification: Agency _____	Date Certified _____ (If applicable)
Other _____ Agency _____	Date Certified _____ (If applicable)
Other _____ Agency _____	Date Certified _____ (If applicable)
PLEASE ATTACH COPIES OF ALL CERTIFICATION CARDS	
Total number of dives _____	Total number of cold water dives _____
Maximum depth experienced _____	Number of dives within the last 12 months _____
Date of most recent dive _____	Location of most recent dive _____

FIRST AID: _____	Certifying Agency	Date of Expiration
CPR: _____	Certifying Agency	Date of Expiration
PLEASE ATTACH COPIES OF FIRST AID AND CPR CARDS/CERTIFICATIONS		