



University of Maryland Center for Environmental Science Scientific Diver Application

Name (Last, First) _____ U_ID _____
Mailing Address _____
Permanent Address _____
Telephone: Home _____ Work _____ FAX _____
Email Address _____
Title (Prof., Assoc. Prof., Asst. Prof., Grad. Asst., Student) _____
Your Office Location (Building and Room#) _____
Department _____ College _____
Department Supervisor _____ Phone _____
Birth Date (M/D/Y) _____ Age _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Please provide photocopies of documentation where appropriate (certifications, etc.)

Recreational Diving Certifications

<u>Agency</u>	<u>Certification Level</u>	<u>Date</u>	<u>Location</u>	<u>Instructor/Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scientific Diving Certifications

<u>Organization (Univ., Federal, State, Private)</u>	<u>Date</u>	<u>Location</u>	<u>Diving Officer</u>
_____	_____	_____	_____
_____	_____	_____	_____

Specialty Certifications

<u>Agency</u>	<u>Certification Level</u>	<u>Date</u>	<u>Location</u>	<u>Instructor/Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Care Certifications

	<u>Agency</u>	<u>Certification Level</u>	<u>Date of Last Training</u>
CPR _____	_____	_____	_____
First Aid _____	_____	_____	_____
Oxygen Admin. _____	_____	_____	_____

Do you have current DAN Insurance? _____ Yes _____ No

Diving Activity
Date of Last Dive _____ **Total Dives in Last 12 Months** _____ **Total Number of Dives** _____
Years Diving _____ **Total Hours Diving** _____ **Greatest Depth** _____

Cumulative Total Number of Dives per Depth

0-30' _____ 31-60' _____ 61-100' _____ 101-130' _____ 131-150' _____ 151-190' _____

Experience

*O ctm'cp'öZ ö'hqt'ctgcu'lp'y j lej "{qw} cxg'uqo g'gizr gtlgpeg'cpf "öZZ ö'hqt'ctgcu'y kj 'eqpukf gtcdrng'gizr gtlgpeg+"

_____ Ocean	_____ Fresh Water	_____ Low Visibility	_____ Boat
_____ Kelp	_____ Search & Recovery	_____ Shore	_____ Photography
_____ Deep	_____ Decompression	_____ Surf	_____ Navigation
_____ Night	_____ Cold Water	_____ Currents	_____ Dive Computer
_____ Ice	_____ Wreck	_____ Surface Supplied	_____ Mixed Gas (Nitrox)
_____ Saturation	_____ Blue Water	_____ Cave	_____ Dry Suit

ATTACH A CLEAR, RECENT PHOTOGRAPH TO THIS APPLICATION

Diving Equipment List

Kgo " " " Dtcpf " " " Ugtlcn'P q0' " " " F cvg'Rwtej cugf " " F cvg'qh'Ncu'Kpur gevqpp "

Regulator _____
Alternate Air Source _____
Pressure Gauge _____
Depth Gauge _____
Dive Computer _____
BCD _____
Cylinder _____
Other _____

Emergency Contact Information *Rgtuqp"v"pqvkh{ 'lp"ecug'qh'cp"go gti gpe{ +"

Name"aa" **Relationship**"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

Telephone: Home "aaaa aaaaaaaaaaaaaaaaaa" **Work**"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" **FAX**"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

Address"aa" **Zip Code** _____

Email _____

I certify that, to the best of my knowledge, the above information is correct.

Signature _____ **Date** _____ "