



APPLICATION FOR UCSC SCIENTIFIC SCUBA DIVING CERTIFICATION

PLEASE PRINT

Date _____

NAME: Last, First, Initial Birthdate Age Sex

LOCAL ADDRESS: Street City, State, Zip Phone #

UCSC E-Mail Address

PERMANENT ADDRESS: Street City State Zip Phone #

PERSON TO CONTACT IN EMERGENCY: Street City State Zip Phone #

DAN Number:	Expiration Date:	Insurance Level:
Circle One: Faculty Staff Graduate Undergrad	Year in School if this applies:	Expected Date of Graduation:

University research SCUBA certification allows the use of self contained underwater breathing apparatus by those who have need of this tool in their work or study. Only a person diving under the auspices of UCSC is eligible for UCSC scientific diver certification.

State your need for University Scientific SCUBA certification:

The applicant agrees that all diving under University auspices will be carried out in accordance with the provisions of the UCSC Diving Safety Manual. Violation of any regulation may result in revocation or restriction of certification.

Applicant (signature) _____

HISTORY OF SWIMMING AND DIVING

SWIMMING EXPERIENCE:

Briefly describe your swimming, surfing and lifesaving experience: _____

DIVING EXPERIENCE

	Agency/Certification	Location	Date	Number of Dives
Breath-hold Diving				
Basic/Open Water I				
Advanced /Open Water II				
Divemaster /A.I./Instructor				
Rescue Diver				
First Aid				
CPR				
Oxygen Administration				
Surface Supply/Hookah				
Deep, Bluewater, Ice, Cave				
NITROX/Mixed Gas/Rebreather				

List experience with small boats, and other forms of diving not listed: _____

List approximate numbers of scuba dives you have made to each depth category:

0-30ft_____ 31-60ft_____ 61-100ft_____ 101-130ft_____ 131-150ft_____ 151-200ft_____

Approximate number of dives with a drysuit: _____ Make/model: _____

Approximate number of dives with a dive computer: _____ Make/model: _____

Verification by log: Yes____ No____ Greatest Depth____ Average # of dives/year_____

List areas you have dived:
