

APPLICATION FOR SCIENTIFIC DIVER STATUS AT UNH

Please complete and submit this form to Elizabeth Kintzing, Marine Program Office, Chase Ocean Engineering Lab., 24 Colovos Road, Durham, NH 03824

Name: _____

Address: _____

Local Telephone Number: _____

Email Address: _____

Emergency Notification Information (Contact person telephone number and relation):

Name: _____

Telephone: _____

Relationship: _____

Previous Diving History (give a brief synopsis or attach a dive resume):

Prior Scientific Diving Activity? Yes No

If yes, where: _____

If yes, when: _____

AAUS? Yes No

Please complete the following with dates from the most current experience:

Experience	Date	Experience	Date	Experience	Date
CPR		Diving Accident First Aid		Oxygen Administration	
Drysuit Diving		Full Face Masks		Blue Water	
Coldwater Dive		Rebreathers		Compression	
Nitrox		Rescue		Shipboard	
Mixed Gas		Night		Small Boat	
Current		Low Visibility		Divemaster	
Chamber Operator		DMT/EMT			

DO NOT WRITE BELOW THIS LINE

Dive Medical Date		Pool Evaluation	
Equipment Check/Service		UNH/AAUS Regulations	
Diver in Training Status		Scientific Diver/Depth Certification	

I, _____ understand and will follow the rules and regulations that govern scientific diving at UNH.

Signature: _____ Date: _____