



Date:

Submit completed form to the UW Diving Safety Officer at divesafe@uw.edu, campus mail at **Box 357165**, or fax at **206-221-3068**.

DIVER INFORMATION			
Name (Last, First, M.I.)		Expected Arrival Date	Expected Departure Date
Employee/Student ID #	Position	UW Department Name	
Diver Email	Box Number	Diver Work Phone (xxx-xxx-xxxx)	
Department Fiscal Contact Name (Last, First, M.I.)		Fiscal Contact Email	
Budget #	Department Sponsor Name (Last, First, M.I.)		
Parent Institution		Parent Institution Phone (xxx-xxx-xxxx)	
Home Address (Street, City, State, Zip)		Diver Daytime Phone (xxx-xxx-xxxx)	
Emergency Contact Name (Last, First, M.I.)		Relationship	
Emergency Contact Address (Street, City, State, Zip)		Emergency Contact Phone (xxx-xxx-xxxx)	
My diving will be under University of Washington auspices: <input type="checkbox"/> Yes <input type="checkbox"/> No			
SWIMMING AND DIVING EXPERIENCE <i>(Submit training certification with this form)</i>			
Number of Years:			
Swimming _____ Skin/SCUBA _____ Other _____			
SCUBA Certification Agency/ Level Trained			
Depth Certification	Date of Certification	Place of Certification	
Approximate Number of Dives:			
0 to 30' _____ 30' to 60' _____ 60' to 100' _____ 100' to 130' _____ Deepest Dive _____			
Total Hours	Frequency of Dives Per Year	Date of Last Dive	Place of Last Dive
List diving jobs held, work involved and geographical location			
First Aid Training Date (most recent- mm/dd/yy)	CPR Training Date (most recent- mm/dd/yy)	Oxygen Training Date (most recent- mm/dd/yy)	

DIVER AND SPONSOR SIGNATURES

I certify that the information provided above is accurate and complete. I have read, understand, and will follow the requirements set forth in the UW Diving Manual. I understand that failure to follow the requirements may result in the loss of diving privileges.

Diving Applicant Signature: _____

Date: _____

Diving Sponsor Signature: _____

Date: _____

DIVING SAFETY OFFICER APPROVAL

Diving Applicant is approved to register with UW Diving Safety Program.

Diving Safety Officer Signature

Diving Safety Officer Name

Date

The UW Diving Safety Officer will send the approved Diver Registration Form to diver applicant and departmental sponsor.

- Cc: Diver Applicant
- Departmental Sponsor
- Diving Safety Program Files