



University of Maryland

Scientific Diver Application

Department of Environmental Safety

PRIVACY STATEMENT: The Diving Safety Officer is collecting information on behalf of the Diving Control Board in order to evaluate your qualifications as a University of Maryland scientific diver. If you do not provide the requested information, you may not be allowed to participate in diving conducted under the auspices of the University of Maryland. The Diving Safety Officer and/or Diving Control Board, University of Maryland may share information it receives from you with other University offices, the University System of Maryland, and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with law, including the Maryland Access to Public Records Act, which may exempt from disclosure any medical information you provide. You may inspect and/or correct the information you provide in accordance with the Maryland Access to Public Records Act and applicable University policy.

Name (Last, First) _____ U_ID _____

Mailing Address _____

Permanent Address _____

Telephone: Home _____ Work _____ FAX _____

Email Address(es) _____

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

Recreational Diving Certifications

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

Scientific Diving Certifications

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

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

Emergency Care Certifications

<u>Agency</u>	<u>Certification Level</u>	<u>Date of Last Training</u>
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CPR _____

First Aid _____

Oxygen Admin. _____

DAN Insurance _____ No _____ Yes _____ Exp. Date _____

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

(Mark an "X" for areas in which you have some experience and "XX" for areas with considerable experience)

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

ATTACH A CLEAR, RECENT PHOTOGRAPH TO THIS APPLICATION (portrait size)

Diving Equipment List

<u>Item</u>	<u>Brand</u>	<u>Serial No</u>	<u>Date Purchased</u>	<u>Date of Last</u>
<u>Inspection</u>				
Regulator	_____			
Alternate Air Source	_____			
Pressure Gauge	_____			
Depth Gauge	_____			
Dive Computer	_____			
BCD	_____			
Cylinder	_____			
Other	_____			

Emergency Contact Information (Person to notify in case of an emergency)

Name _____ Relationship _____
Telephone: Home _____ Work _____ FAX _____
Address _____ Zip Code _____
Email _____

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

Signature _____ Date _____

Send completed form to: Diving Safety Officer
University of Maryland, Department of Environmental Safety
3115 Chesapeake Building, College Park, Maryland 20742-3133