Appendix 6: Application for Classification

The purpose of this form is to apply for, or formally change, the depth certification or experience of a university diver.

1. Diver Information

Diver Name: _______________________________________________________________________________________

Email: __________________________ Telephone: __________________________

Local Address: _______________________________________________________________________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Birthdate: __________________________

Diving Accident Insurance

<table>
<thead>
<tr>
<th>Insurance Number</th>
<th>Expiration</th>
</tr>
</thead>
</table>

2. Classification Sought

_______ Recreational Diver

_______ Scientific Diver

_______ Scientific Diver-In-Training

_______ Divemaster (AAUS Project)

_______ Temporary Scientific Diver

_______ Diving Supervision (AAUS Project)

3. Emergency Contact Person

Name: __________________________ Phone: __________________________ Relationship: __________________________

Local Address: _______________________________________________________________________________________

City: __________________________ State: __________________________ Zip Code: __________________________

4. Diving Certifications and Certificates

Certification/Level | Agency | Certification Date
--------------------|--------|-------------------

5. Emergency Medical Certifications and Certificates (CPR, First Aid, Emergency O₂, other)

Certification/Level | Agency | Certification Date
--------------------|--------|-------------------
6. Diver Experience

A. Total Hours Underwater:

B. Greatest Depth:

C. Total Number of Dives:

D. Total Number of Dives This Year:

E. Total Dives to: 0-30’ 31-60’ 61-100’ 101-130’ 130’ +

F. Time at depth: 0-30’ 31-60’ 61-100’ 101-130’ 130’ +

G. Dive Locations where Experience has been gained:

H. Check areas in which you have some diving experience, and double check areas in which you have much diving experience

________Ocean ________Lake ________Research ________Dive Computer

________River ________Kelp/Weeds ________Collecting ________Search/Recovery

________Surf ________Cold Water ________Photography ________Decompression

________Shore ________Tropical ________Spearfishing ________Strong Current

________Night ________Blue Water ________Surface Supply ________Dry Suit

________Cavern ________Cave ________Wreck ________Side Mount

7. Other Relevant Information to Help Assess Your Diving Experience

8. Review and Approval

________________________________________________

__________________________________________________

Signature and Date  (Dive Safety Officer, AAUS Scientific Diving Instructor, or University authorized Instructor-of-Record)