

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

Certification/Level	Agency	Certification Date
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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)*