

FAU Scientific Diving Program

Diver Application Form

Name:	Date of Birth: / /	Sex: M F
Campus:	Department:	
Home Phone: () Office:	Email:	
SCUBA Certifying Agency:	Highest Level Held:	
# of Dives in Previous 12 Months:	Average Depth:	Deepest Depth:
<p>Additional Current Certifications: (circle all that apply) Nitrox - NURC - NURC CPR 1st Aid - Dry Suit - Blue Water - Saturation - Polar - Tri-Mix - Blender</p>		
<p>Home Address:</p> <p>Street: _____ City: _____</p> <p>Apt. No: _____ Zip: _____</p>		
<p>Emergency Contact Information:</p> <p>Name: _____ Relationship: _____</p> <p>Street: _____ City: _____ State _____</p> <p>Home Telephone: () _____ - _____ Work Phone: () _____ - _____</p>		
<p>I wish to apply for entry into the Florida Atlantic University Scientific Diving Program. I agree to abide by the policies of the FAU Scientific Diving Control Board and to adhere to their policies and procedures concerning all scientific diving activities. Mail completed form to EH&S or fax to: (561) 297-2210.</p>		
_____	_____	
Printed name	Date	

Signature		