



## Diver Registration

### Personal Information:

Name: \_\_\_\_\_

Position (Scientist, Intern, Student, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_ Fax: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

### Recreational Diving Certifications:

Agency	Certification Level	Date	Location	Instructor and Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Scientific Diving Certifications:

University, State, Federal or Private Organization: \_\_\_\_\_

Date Certified From: \_\_\_\_\_ To: \_\_\_\_\_ Depth: \_\_\_\_\_ Diving Officer: \_\_\_\_\_

### Related Certifications:

	Agency	Level	Date(Initial)	Date(Current)
CPR	_____	_____	_____	_____
First Aid	_____	_____	_____	_____
Oxygen Training	_____	_____	_____	_____
Lifesaving	_____	_____	_____	_____

**Diving Experience:**

Total number of SCUBA Dives: \_\_\_\_\_ Total Hours Underwater: \_\_\_\_\_ Maximum Depth: \_\_\_\_\_

Maximum Depth (in last 12 months): \_\_\_\_\_ Number of Dives (last 12 months): \_\_\_\_\_

Cumulative total of dives per depth:

0-30' \_\_\_\_\_ 31-60' \_\_\_\_\_ 61-100' \_\_\_\_\_ 101-130' \_\_\_\_\_ 131-150' \_\_\_\_\_ 151-190' \_\_\_\_\_

Mark an "X" in the areas in which you have had some diving experience and an "XX" indicating considerable experience:

<input type="checkbox"/> Salt water	<input type="checkbox"/> Fresh water	<input type="checkbox"/> Low visibility	<input type="checkbox"/> Currents	<input type="checkbox"/> S & Recovery
<input type="checkbox"/> Kelp	<input type="checkbox"/> Shore	<input type="checkbox"/> Altitude	<input type="checkbox"/> Photo/Video	<input type="checkbox"/> Cold Water
<input type="checkbox"/> Dry suit	<input type="checkbox"/> Commercial	<input type="checkbox"/> Wreck	<input type="checkbox"/> Surface supplied	<input type="checkbox"/> Navigation
<input type="checkbox"/> Ice diving	<input type="checkbox"/> Saturation	<input type="checkbox"/> Mixed gas	<input type="checkbox"/> Cave diving	<input type="checkbox"/> Boat
<input type="checkbox"/> Night diving	<input type="checkbox"/> Blue water	<input type="checkbox"/> Dive computer	<input type="checkbox"/> Decompression	

Additional Experience: (eg. Chamber operator, Diving Medical Technician): \_\_\_\_\_

---

**\*\*Please include a photocopy of your current dive certification, 1<sup>st</sup> aid/CPR/O<sub>2</sub> certifications (if any) and log of last twelve dives\*\***

**Diving Equipment:**

Item	Brand	Serial No.	Date purchased	Last inspected
Regulator	_____	_____	_____	_____
Octopus	_____	_____	_____	_____
Pressure gauge	_____	_____	_____	_____
Depth gauge	_____	_____	_____	_____
Dive Computer	_____	_____	_____	_____
BCD	_____	_____	_____	_____

**Emergency Information:**

(Person to notify in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**Dive Safety Office Use Only. Do not write below this line.**

---

	Date	Verified By	Comments
Physical Examination	_____	_____	_____
Scientific Diver Written Exam	_____	_____	_____
CPR Certification	_____	_____	_____
Oxygen Administration	_____	_____	_____
12 Logged Dives	_____	_____	_____
Swimming Skills	_____	_____	_____
Checkout Dive	_____	_____	_____
Qualification Dive Depth	_____	_____	_____

**Qualification Dive Skills:** Dive plan, buddy check, water entry, surface kick 400 yards, descend to/ascent from depth of certification at appropriate rate, regulator retrieval, mask clear, alternate air sharing, buddy breathing, emergency exhaling ascent, BC and weight belt removal/replacement at depth and at surface, surface buoyancy, neutral buoyancy at depth, navigation and 3-5 minute stop at 10-20 feet.

NOTE: All divers must comply with the appropriate diving standards for their type of diving as set down in the BIOS Diving Safety Manual.

**For assistance please contact: Kyla Flook**  
Diving Safety Officer  
Tel: (441) 297-1880 Ext. 259  
E-mail: [kyla.smith@bios.asu.edu](mailto:kyla.smith@bios.asu.edu)

**Bermuda Institute of Ocean Sciences**  
17 Biological Station, St. George's GE 01, Bermuda  
T 441 297 1880  
[bios.asu.edu](http://bios.asu.edu)