

**NOAA DIVING PROGRAM
TRAINING REQUEST AND AUTHORIZATION FORM**

This form is used to identify prospective students for NDC training classes.

Submission of this form does not guarantee acceptance into a particular course.

APPLICANT INFORMATION – (All information must be provided or form will be returned)

Name: _____

Name of Agency/Employer: _____

Check one of the following: _____ NOAA Employee _____ NOAA Contractor _____ Non-NOAA

Complete Work Address/Telephone Number/Fax Number and E-mail Address:

Justification/Rationale for Training (**Other Agency Personnel Only**):

COURSE APPLYING FOR AND PAYMENT INFORMATION

NOTE: 1) Lodging and Per Diem costs are the sole responsibility of the applicant or employer/agency; 2) Non-NOAA only: Payment needs to be made by check or cash only and by the first Friday of class.

Name of the Course: _____ Dates of Course: _____

Course Fee (**Other Agency Personnel only**) _____

(Working Diver Course - \$550; Divemaster – Free; Nitrox or VCI (if not taken with WD) - \$100 each; DMT (basic and advanced) - \$500; Medical Person In-Charge - \$650; if taking MPIC & DMT together - \$1000.)

AUTHORIZATION

Applicant Signature: _____ Date _____

Applicant Supervisor: _____ Date _____

UDS Signature _____ Date _____

(NOAA & NOAA Contractors only)

CPR & FIRST AID CERTIFICATION

Are you current CPR & First Aid Certified? _____ Yes _____ No

If yes, please attach a photo-copy of your certification to this form.

NOTE: All NOAA Personnel must complete the SEP Measurement Form (Page 2) and return it with this Request Form. Send completed forms to: NOAA Diving Center, 7600 Sand Pt. Way, NE, Seattle, WA 98115 or Fax forms to (206) 526-6506. If you need further information or assistance, contact Laurie Barber at (206) 526-6695.

Revised 10/06

**NOAA DIVING PROGRAM
STANDARDIZED EQUIPMENT PROGRAM
MEASUREMENT FORM**

Name: Agency/Unit: _____

Phone: _____ Training Module(s): _____

Email Address: _____ Date: _____

UDS approval: _____

Please complete the following and submit to the NOAA Diving Center via FAX at (206) 526-6506 as soon as possible.

Sex: _____

Height: _____ ft _____ in

Weight : _____ lbs.

Chest/Bust (circumference of chest, under the arms*) _____ inches

Waist (circumference @ the navel*) _____ inches

Hips (circumference of hips @ hip bone*) _____ inches

Foot size _____

Head circumference (@ widest in inches) or hat size: _____

Neck circumference (@ middle of neck*) _____ inches

Glove/hand size: (circle one) S M L XL XXL

Wetsuit Size (if known): _____

Drysuit Size (if known): _____

Comments : _____

Signature: _____ **Date:** _____

*use soft measuring tape, pull tape snugly