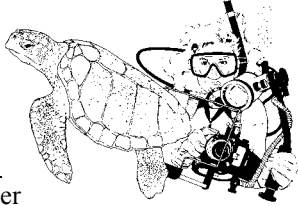


DIVER AUTHORIZATION CARD

Diver Name: _____
Has met all requirements of US Fish and Wildlife Service Dive Policy, 241 FW 10, and is hereby authorized as a

FWS Region _____ **Diver**
Expiration:



Initial Certification:
Highest Training :
Dive Experience:
Medical Exam:
Fitness Evaluation:
CPR:
First Aid:
O₂ Administration:

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Regional Dive Officer
Phone:

