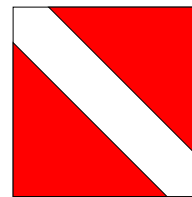




Dive Safety Office
 Louisiana Universities Marine Consortium
 8124 Hwy. 56, Chauvin Louisiana 70344;
 Voice: (985) 851-2834, Fax: (985) 851-2874
 email: divesafety@lumcon.edu,
www.lumcon.edu/diveprogram



SCIENTIFIC DIVER APPLICATION

Please fill out completely and attach a current photograph

Personal Information:

Name (Last, First, MI) _____

Birthdate _____ Social Security # _____

Home Address _____ Home Phone # _____

Work Address _____ Work Phone # _____

Mobile Phone # _____ Email Address _____ Fax # _____

Emergency Contact Information:

Name (Last, First, MI) _____

Address _____

Home Phone # _____ Mobile/Work Phone # _____

Relationship to applicant _____

SCUBA DIVING RESUME

Level	Agency	Date	Location	Instructor (and #)
Openwater	_____	_____	_____	_____
Adv. Openwater	_____	_____	_____	_____
Rescue Diver	_____	_____	_____	_____
Dive Master	_____	_____	_____	_____
EAN/Nitrox	_____	_____	_____	_____
Asst. Instructor	_____	_____	_____	_____
Instructor	_____	_____	_____	_____
Other #1	_____	_____	_____	_____
Other #2	_____	_____	_____	_____
Other #3	_____	_____	_____	_____

Date of last diving medical evaluation _____

Have you previously been certified as a Scientific Diver by an AAUS Member? (circle one) Yes No

Organization and address _____

Dive Safety Officer _____

Depth Certification _____

Diving Activity

Number of years _____ Total hours _____ Greatest depth _____

Total dives _____ Total dives (last 12 months) _____

Total dives (last 6 months) _____ Date of last dive _____

Cumulative number of dives per depth:

0-30 _____ 31-60 _____ 61-100 _____ 101-130 _____ > 130 _____

Experience: Mark with an "X" for each area in which you have experience

<input type="checkbox"/> Ocean	<input type="checkbox"/> Freshwater	<input type="checkbox"/> Low Visibility	<input type="checkbox"/> Boat
<input type="checkbox"/> Kelp	<input type="checkbox"/> Search and Recov.	<input type="checkbox"/> Shore	<input type="checkbox"/> Photography
<input type="checkbox"/> Deep	<input type="checkbox"/> Decompression	<input type="checkbox"/> Surf	<input type="checkbox"/> Navigation
<input type="checkbox"/> Night	<input type="checkbox"/> Cold Water	<input type="checkbox"/> Currents	<input type="checkbox"/> Dive Computer
<input type="checkbox"/> Ice	<input type="checkbox"/> Wreck	<input type="checkbox"/> Surface Supplied	<input type="checkbox"/> Mixed Gas/Nitrox
<input type="checkbox"/> Saturation	<input type="checkbox"/> Blue water	<input type="checkbox"/> Cave/Cavern	<input type="checkbox"/> Dry Suit

Additional Experience:

Safety Training

Type	Agency	Date	Location
CPR	_____	_____	_____
First Aid	_____	_____	_____
Emergency O ₂	_____	_____	_____
AED	_____	_____	_____
Other _____	_____	_____	_____

Do you have dive insurance (Divers Alert Network or similar) (circle one) Yes No ID # _____

Dive Equipment

Item	Brand	Serial #	Purchase Date	Last Inspection	LUMCON/Personal
Regulator	_____	_____	_____	_____	_____
Alternate Air	_____	_____	_____	_____	_____
Pressure Gauge	_____	_____	_____	_____	_____
Depth Gauge	_____	_____	_____	_____	_____
Dive Computer	_____	_____	_____	_____	_____
Cylinder	_____	_____	_____	_____	_____
BCD	_____	_____	_____	_____	_____
Other #1 _____	_____	_____	_____	_____	_____
Other #2 _____	_____	_____	_____	_____	_____

LUMCON Affiliation

Please mark one:

LUMCON Faculty

LUMCON Employee (Postdoc, Technician, etc) (Supervisor _____)

LUMCON Student/Intern (Advisor _____)

LUMCON Volunteer Diver (LUMCON contact & phone # _____)

Consortium Member Faculty
(Institution & Dept. _____, Dept. Head & Phone # _____)

Consortium Member Employee (Postdoc, Technician, etc)
(Institution & Dept. _____, Supervisor & Phone # _____)

Consortium Member Student
(Institution & Dept. _____, Advisor & Phone # _____)