



Bermuda Institute of Ocean Sciences

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
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Scientific Diving Certifications:

University, State, Federal or Private Organization: _____

Date certified from: _____ to: _____ Depth: _____ Diving Officer: _____

Related Certifications:

	Agency	Level	Date(Initial)	Date(Current)
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CPR _____

First Aid _____

Oxygen Training _____

Lifesaving _____

Diving Experience:

Total number SCUBA Dives: _____ Total Hours Underwater: _____ Maximum Depth: _____

Maximum Depth(in last 12 months): _____ Number 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:

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

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

****Please include a photocopy of your current dive certification 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 bouyancy, neutral bouyancy 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.