Appendix 1: Application for Classification

Last name: _____ First name: _____ M.I.: ____ Nickname: _____

Address: _____
Street **City** **State**

_____ (_____)_____-_____
Country Zip code Telephone

DOB: _____ Sex: M / F SSN: _____ Medication Taken: _____

Insurance Carrier: _____ No.: _____ Allergies: _____

Blood Type: _____ Other Emergency/ Medical Info.: _____

Emergency Contact Info.: Name _____ Phone (____)_____-_____

Relationship_____ Address _____

Application for Classification as: (circle one) Scientific Diver / Temporary Scientific Diver

Depth Rating Requested: (circle one) 30' 60' 100' 130' 150' 190' _____

Complete the following chart for any courses completed, submit copies of your c-cards with this application:

Course	Agency	Cert. Date	Cert. Number
Open Water or Basic Open Water			
Open Water II or Advanced			
Rescue			
Divemaster			
Assistant Instructor			
Instructor			
First Aid			
CPR			
Oxygen Administration			
Other			

Number of logged dives: _____ Total Bottom Time: _____

I expect to be active in the CF program from _____until _____.
(Please list year)

Date_____ Signature_____
(Signifies that the above information is true and correct)