

DIVING ACTIVITY RESUME

DIVER INFORMATION

APPLICANT NAME (Last, First MI)		BIRTHDATE	LAST 4 of SSN	DATE
ORGANIZATION		POSITION HELD		
MAILING ADDRESS		CITY		STATE ZIP
E-MAIL ADDRESS	WORK PHONE		WORK FAX	
NAME of SUPERVISOR / CONTACT			PHONE	

DIVING CERTIFICATIONS – Attach copies of all certifications listed below.

[illegible]

MEDICAL CERTIFICATIONS – Attach copies of all certifications listed below.

	Agency	Level	Date (initial)	Date (current)
CPR				
First-Aid				
O ₂ Admin				
EMT				
DMT				
Other				

DIVING ACTIVITY

Number of years diving		Date of last dive	
Total number of dives		Total hours under water	
Greatest depth of any dive		Greatest depth in the past 12 months	
Number of dives in the past 6 months		Number of dives in the past 12 months	
Date of last Dry-Suit dive		Date of last Nitrox / Trimix dive	

DIVING DEPTHS – Indicate cumulative number of dives by depth, by year. Indicate most recent year first.

[illegible]

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EXPERIENCE – Indicate the number of dives for each type of diving experience listed below. If zero, leave blank.

	Fresh Water		Visibility > 20'		Decompression		Search & Recovery
	Salt Water		Visibility = 5 – 20 '		Saturation		Photography / Video
	Blue Water		Visibility = 1 – 5'		Closed Circuit		Navigation
	Rivers		Visibility < 1'		Surface Supplied		Salvage / Lift Bag
	Dive Chamber		Visibility = 0		Dry Suit		Ship Husbandry
	Dive Habitat		Water Temp < 50°		Nitrox		From Small Boat
	Lockout		Water Temp = 51 - 70°		Heliox		Shore / Beach Entry
	Night Diving		Water Temp > 71°		Trimix		Heavy Surf Entry
	Coral Reef		Current < 1 knot		Dive Computer		Pier / Dock Entry
	Kelp		Current = 1 – 3 knots		Altitude (> 1000')		Underwater Assembly
	Ice Diving / Polar		Current > 3 knots		Research / Survey		Recreational Sport
	Under Ice		Depths > 130'		Coring / Collecting		Instructional
	Wreck Penetration		Drift Diving		Commercial Diving		Observational
	Cave Penetration		Skin / Free Diving		Military Diving		Life Saving

Additional diving experience

Geographical locations of diving experience

SELF ASSESSMENT – State objectives and intent for NOAA Diving Program certification.

Have you ever run out of air during a dive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been treated in a hyperbaric chamber for diving related accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever experienced symptoms of de-compression sickness (DCS)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever experienced a pulmonary barotrauma, gas embolism or near drowning?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicable incident or accident reports are attached for the "Yes" responses listed above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DIVER REFERENCES – Provide at least two references familiar with your diving experience and abilities.

NAME	ORGANIZATION	LOCATION	PHONE
NAME	ORGANIZATION	LOCATION	PHONE
NAME	ORGANIZATION	LOCATION	PHONE

VERIFICATION – I have reviewed and found this resume to be a thorough and honest representation of my diving history.

APPLICANT NAME	APPLICANT SIGNATURE	DATE
UNIT DIVING SUPERVISOR NAME	UNIT DIVING SUPERVISOR SIGNATURE	DATE

PRA Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-XXXX. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA Diving Center Executive Officer, NOAA Diving Program, 7600 Sand Point Way NE, Building 8, Seattle, WA 98115, 206-526-6460.

Privacy Act Statement

Authority: The collection of this information is authorized under 29 CFR 1910, Subpart T, Commercial Diving Operations. Additional authorities include 29 U.S.C. 653, 655, 657; 40 U.S.C. 333; 33 U.S.C. 941; Secretary of Labor's Order No. 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), 5-2002 (67 FR 65008), 5-2007 (72 FR 31160), or 4-2010 (75 FR 55355) as applicable, and 29 CFR 1911.

Purpose: NOAA is collecting this information to assess an individual's medical fitness to dive, proficiency, and further training. Information will also be used to ensure diving equipment is safe and well maintained and that all policies are being adhered to for safety reasons. Aggregate data is used for annual reports and other leadership documents.

Routine Uses: NOAA will use this information in the determination of an individual's medical fitness to dive. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice NOAA-10, NOAA Diving Program.

Disclosure: Furnishing this information is voluntary. However, the failure to provide complete and accurate information will exclude the individual from NOAA's Diving Program.