

NOAA Form 57-03-38  
 (02-22)

U.S. DEPARTMENT OF COMMERCE  
 NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

## NOAA DIVING PROGRAM TRAINING REQUEST AND AUTHORIZATION

This form will be used to identify prospective students for NOAA Diving Program classes. Submission of this form does not guarantee acceptance into a particular course. Incomplete forms may be returned to the applicant.

### APPLICANT INFORMATION

NAME ( <i>Last, First MI</i> )		STUDENT TYPE  <i>Select One</i>
LINE OFFICE/UNIT OR AGENCY / EMPLOYER		
WORK ADDRESS		NOAA Employee: CAPS/ GS NOAA Employee: Wage Mariner NOAA Corps NOAA Contractor I am not a NOAA Employee
WORK PHONE NUMBER	EMAIL ADDRESS	
<i>To contact the student during training, supply an additional phone number:</i>		
PERSONAL CELL PHONE NUMBER		

### TRAINING JUSTIFICATION (*Non-NOAA personnel only*)

### COURSE and PAYMENT INFORMATION

COURSE NAME	COURSE START DATE	COURSE END DATE	COURSE FEE*
NOAA Diver			\$
Divemaster			\$
Diving Medical Technician			\$
Tethered Communications			\$
			\$

\*Note: A course fee is **only** assessed for non-NOAA students. Contact Support.NDC@NOAA.gov for current pricing.

	TOTAL COST: \$
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### ELECTIVES

If attending NOAA Diver, please indicate the electives you plan on attending:	Drysuit	Nitrox
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### CERTIFICATIONS

DMT Applicants Only: Include a copy of your **Basic Life Support Certification**, and either a **MPIC or EMT Certificate** with application.  
All Other Applicants: Include a copy of your **CPR, AED, and First Aid certification cards** with this application.  
*ALL certifications must be valid through Course End Date.*

### AUTHORIZATION

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

### SUBMISSION INSTRUCTIONS

Fill out all applicable fields of this form, and then submit form to NDC electronically or via hard copy. Signatures are required if the form is filed via hard copy, or if submitted electronically by the applicant. Signatures are not required if sent directly to NDC from the e-mail account of the employee's Unit Diving Supervisor. **This form is due at least 60 calendar days before training begins;** see the [NDC Training Calendar](#) for specific application package deadlines.

**E-mail the form to:** Support.NDC@noaa.gov

**Subject line:** Training Request

## **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 5 minutes 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.