

University of Southern California

**APPLICATION FOR DIVING UNDER USC AUSPICES**

PLEASE PRINT

Date \_\_\_\_\_

NAME: Last First Initial Social Security # Birthdate/Age Sex

LOCAL ADDRESS: Street City State Zip Phone# e-mail

PERMANENT ADDRESS: Street City State Zip Phone# e-mail

HEALTH INSURANCE PROVIDER \_\_\_\_\_

DIVING INSURANCE \_\_\_\_\_

BOARD OF STUDIES/RESEARCH GROUP \_\_\_\_\_

UNDERGRADUATE/GRADUATE/STAFF/FACULTY/OTHER (explain) (**circle one**)

University of Southern California Scientific Diver certification allows the use of scuba by those whom need this tool for their work or study. Only persons with demonstrated need for this certification will be eligible. STATE YOUR NEED FOR UNIVERSITY SCIENTIFIC DIVER CERTIFICATION (use additional space if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant agrees that all diving under the auspices of the University of Southern California WIES will be carried out in accordance with the regulations set forth in the University of Southern California Diving Safety Manual. Violation of any regulation may result in revocation or restriction of certification.

APPLICANT SIGNATURE \_\_\_\_\_

**Students:** \_\_\_\_\_  
Print name of Chair/Major advisor Board of studies

**Faculty/Staff/non-students:** \_\_\_\_\_  
Supervisor/agency administrator Department

**Name of Person(s) to contact in case of emergency:**

Name Relation Address

Phone Number Fax and/or other contact information

Name Relation Address

Phone number Fax and/or other contact information

**DIVING SAFETY OFFICER APPROVAL/COMMENTS:**

**RESUME OF DIVING EXPERIENCE:**

ENTRY LEVEL CERTIFICATION: (please include a copy of both sides of your c-card)

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(Organization)                      (Date certified)                      (Where training was conducted)

Number of dives since basic certification (approximately): \_\_\_\_\_  
Maximum depth \_\_\_\_\_  
Average depth \_\_\_\_\_

Number of dives in the past 12 months (if none, when did you conduct your last scuba dive?) \_\_\_\_\_

**Additional Diving Certifications:**

Certification level	Year certified	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Rescue, CPR, Oxygen or First Aid Training:**

Type of Certification	Date Completed	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Swimming experience:**

# years \_\_\_\_\_

Type of Certification	Date Completed	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVING EXPERIENCE:

Briefly list the geographic areas and types of environments in which you have dived:

Briefly describe the nature of your diving (i.e. photography, research, touring etc.):

Diving related work experience:

Do you have any special requirements pertaining to diving? If so, please describe them: