

**Moss Landing Marine Laboratories
Diver Certification Application**

Name: _____ **Date:** _____

Age: _____ **Birth Date:** _____

Local Address: _____

Permanent Address (if different): _____

Home Phone: (_____) _____ **Cell phone:** (_____) _____

Business Phone: (_____) _____

E-Mail: _____

In case of emergency notify: _____ **Phone:** (_____) _____

Your Doctor: _____ **Phone:** (_____) _____

Address: _____

Date Of Most Recent Medical Examination: _____

Previous Diving Related Certification or Experience:

(Use back of form if needed)

Certification/Organization	Date	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No. Dives: 0-30 ft. ____ 31-60 ft. ____ 61-100 ft. ____ >100 ft. __logged? ____

CPR Certification: Type: _____ Organization: _____ Expiration: _____

First-Aid: Type: _____ Organization: _____ Expiration: _____

Emergency Oxygen Provider Certification:

Type: _____ Organization: _____ Expiration Date: _____

I understand that I need to complete a Diving Medical Examination and be approved for diving by a licensed physician before any diving or hyperbaric exposure under the auspices of MLML and that I must comply with all standards and policies of the diving safety manual.

Date: _____ Signature of Applicant _____