

Appendix 10.3

Application for Florida Tech Dive Card Approval

Name: _____ Student ID#: _____
Campus Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Home Phone #: _____ Cell Phone #: _____

Permanent Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Date of Birth: _____ Sex: _____ Age: _____

SCUBA Certification:
Agency: _____ Level: _____
Date of Certification: _____

Diver Medical Insurance Information (Company/Policy Number) _____

Description of training, experience, including number of logged dives:

Signature of Applicant: _____ Date: _____

Signature of Course Instructor/Advisor (required if applicant is a student):

See Dive Card Approval Check List (Appendix 10.2) for additional items that must be submitted with this application. **Dive Cards will not be issued until all requirements are met.**

FLORIDA TECH DIVE CARD

Approval of Dive Safety Officer: _____ **Date:** _____

Approved Certification Level: Diver in Training | Scientific Diver

Depth Limitation: 30 | 60 | 100 | 130 | 150 | 190

Nitrox Certified: Y | N