## **OFFICER DIVING AUTHORIZATION REQUEST**

## Instructions for completing the form

Section 1 shall be completed by the NOAA Corps officer.

 $Section\ 2\ shall\ be\ completed\ by\ the\ NOAA\ Corps\ officer's\ immediate\ supervisor\ or\ Commanding\ Officer.$ 

Section 3 shall be completed by the NOAA Diving Program (NDP) Manager.

A new diving authorization is required for NOAA Corps officers;

1) Upon completion of NOAA Diving Program certification requirements,

	new assignment, or gof a new fiscal year.	·				
Diving authorizations are valid for a	maximum of one fiscal year. Divii	ng authorizatio	ns are invalid on the da	te of detachment o	or September 30 <sup>th</sup> .	
SECTION 1						
LAST NAME	FIRST NAME		MIDDLE NAME		RANK	
EMPLOYEE ID NUMBER	LINE or STAFF OFFICE	DIVISION /	UNIT / SHIP			
DIVING AUTHORIZATION START DATE		DIVING AL	DIVING AUTHORIZATION END DATE			
OFFICER SIGNATURE				DATE		
SECTION 2						
I certify the NOAA Corps officer nam	ed above will engage in official d	iving duties in s	upport of NOAA's miss	ion during the indi	cated period.	
NAME of SUPERVISOR	TITLE					
SUPERVISOR SIGNATURE		DATE				
Instructions for submitting the forn	1					
This form must be submitted to NDC form must be forwarded to NDC directions of the Program. Signatures are requ	ectly from the e-mail account of t	he officer's imr				
E-mail the form to: Support.NDC@noaa.gov	ı to: Center			o:		
Subject line:	· · · · · · · · · · · · · · · · · · ·			(206) 526 - 6506		
SECTION 3						
The NOAA Corps officer named above hyperbaric environments in accorda						
NAME of NOAA DIVING PROGRAM N	MANAGER					
NOAA DIVING PROGRAM MANAGER SIGNATURE				DATE		