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.

APPLI	CAN	IT IN	FORI	TAN	ION
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NAME (Last, First MI)			STUDENT TYPE	
LINE OFFICE/UNIT OR AGENCY / EN	MPLOYER		Select One	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NOAA Employee: CAPS/ GS	
WORK ADDRESS				
			NOAA Employee: Wage Mariner	
WORK PHONE NUMBER	EMAIL ADDRESS		NOAA Corps	
			NOAA Contractor	
To contact the student during training, supply an additional phone number:		PERSONAL CELL PHONE NUMBER	I am not a NOAA Employee	

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: \$

ELECTIVES

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

<u>DMT Applicants Only:</u> Include a copy of your **Basic Life Support Certification**, and either a **MPIC or EMT** Certificate with application. <u>All Other Applicants:</u> 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