## **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,
- 2) Upon reporting to a new assignment, or
- 3) Upon the beginning of a new fiscal year.

Diving authorizations are valid for a maximum of one fiscal year. Diving authorizations are invalid on the date of detachment 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 AUTHORIZATION END DATE						
OFFICER SIGNATURE				DATE				

SECTION 2							
I certify the NOAA Corps officer named above will engage in official diving duties in support of NOAA's mission during the indicated period.							
NAME of SUPERVISOR	TITLE						
SUPERVISOR SIGNATURE		DATE					

## Instructions for submitting the form

This form must be submitted to NDC electronically or via hard copy. Signatures are not required if the form is filed electronically; however, the form must be forwarded to NDC directly from the e-mail account of the officer's immediate supervisor or Commanding Officer to the NOAA Diving Program. Signatures are required if the form is filed via hard copy.

E-mail the form to:		Mail the form to:		Fax the form to:	
Support.NDC@noaa.gov		NOAA Diving Center			
Subject line:	or	7600 Sand Point Way NE, Bldg 8	or	(206) 526 - 6506	
Officer Diving Authorization		Seattle, WA 98115-0070			

## SECTION 3

The NOAA Corps officer named above is hereby authorized to engage in official diving duties involving the breathing of compressed gas in hyperbaric environments in accordance with NAO 209-123 during the indicated period and receive monthly dive pay when dives are reported.

NAME of NOAA DIVING PROGRAM MANAGER

NOAA DIVING PROGRAM MANAGER SIGNATURE

DATE