

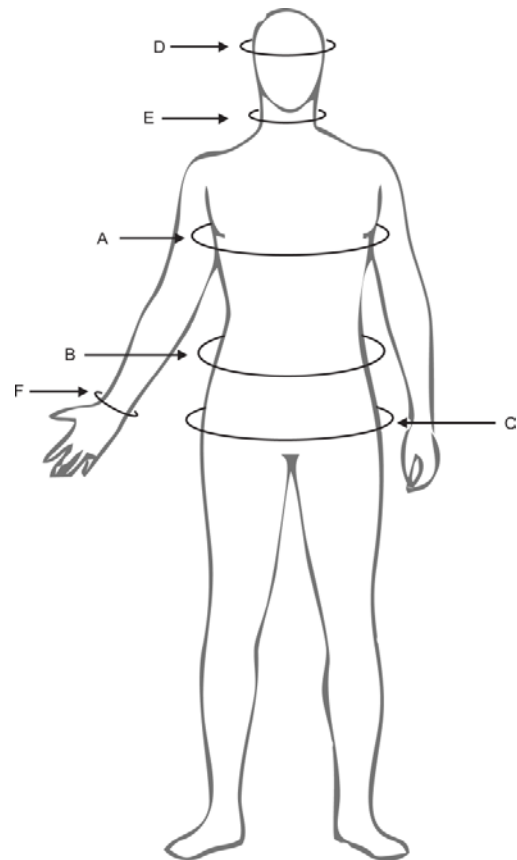
STANDARDIZED EQUIPMENT PROGRAM MEASUREMENT FORM

APPLICANT INFORMATION

NAME (Last, First MI)	NAME of AGENCY / UNIT	DATE	
WORK ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS	PHONE NUMBER	Extension	

MEASUREMENTS (use soft measuring tape, pull tape snugly)

GENDER	<input type="radio"/> FEMALE <input type="radio"/> MALE	
GLOVE SIZE	<input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> XXL	
HEIGHT	ft.	in.
WEIGHT	lb.	
CHEST / BUST (A)	in.	
WAIST (B)	in.	
HIPS (C)	in.	
HEAD CIRCUMFERENCE (D)	in.	
NECK CIRCUMFERENCE (E)	in.	
WRIST CIRCUMFERENCE (F)	in.	
SHOE SIZE	<input type="radio"/> FEMALE <input type="radio"/> MALE	



COMMENTS

AUTHORIZATION

DIVER NAME	DIVER SIGNATURE	DATE
UNIT DIVING SUPERVISOR NAME	UNIT DIVING SUPERVISOR SIGNATURE	DATE

SUBMISSION INSTRUCTIONS

Submit this form to the Standardized Equipment Program via SEP.NDC@noaa.gov or FAX: (206)529-2757