

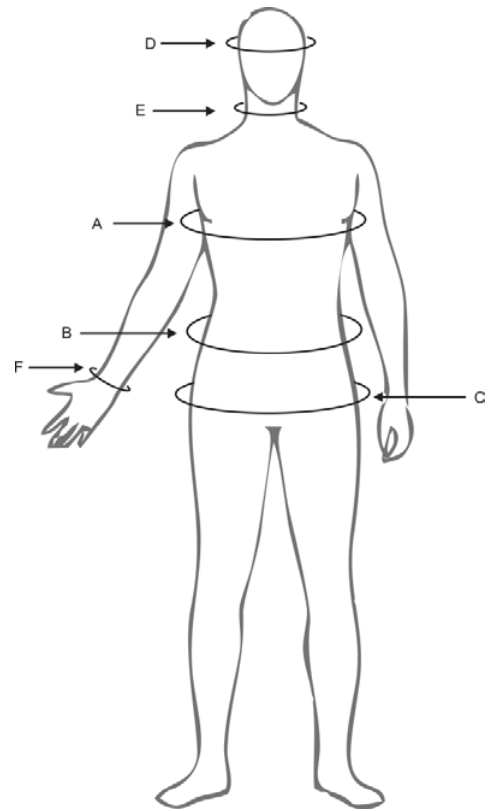
STANDARDIZED EQUIPMENT PROGRAM MEASUREMENT FORM

APPLICANT INFORMATION

NAME (Last, First, MI)	NAME of AGENCY / UNIT	DATE	
WORK ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	TELEPHONE 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				lbs.	
CHEST / BUST (A)				in.	
WAIST (B)				in.	
HIPS (C)				in.	
HEAD CIRCUMFERENCE (D)				in.	
NECK CIRCUMFERENCE (E)				in.	
WRIST CIRCUMFERENCE (F)				in.	
SHOE SIZE					



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: (205) 529-2757