University of the West Indies Discovery Bay Marine Laboratory							
UWI Staff/Research Student Diver Registration							
Last Name:		Date	of Birth:				
First Name:				(DD)	(MM)	(DD)	
Middle Initial:							
Email Address:		Emer	gency Contact:				
Telephone:		Conta	ct's Number:				Insert photo here
Position at UWI:							
UWI ID#:		Appro	ox. # of Dives:				
Station:							
DIVING CERTIFICATIONS (List most recent first)							
Cert. Org.	Level			Cert. Date (DD/MM/YY)			Cert. Number
DIVING-RELATED	CERTIFICATIONS (List	most recent first)				
Cert. Org.	Level			Cert. Date (DD/MM/YY)			Cert. Number
Diving Insurance:					Importa		
Policy #							the information given
Expiry Date:							lity of the diver. cations must be
Contact Number:				submitted with this form. This			
							be updated at least
					once per changes		if the Diver requests ade.
Cincat			Data	-			
Signature			Date				