



UNIVERSITY OF WASHINGTON
ANNUAL RENEWAL INFORMATION
 DIVING SAFETY PROGRAM
 ENVIRONMENTAL HEALTH AND SAFETY

Name (Last)		(First)	(M.I.)	Date
Department				Box Number
Status <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate <input type="checkbox"/> Other <input type="checkbox"/> Undergraduate	Work Phone - -		Home Phone - -	
	Home Address			

Briefly describe your diving plans for this next year. Please include the approximate dive depths and frequencies.

SIGNATURE

Signature _____ Date _____