University of West Florida
MARINE SERVICES CENTER

(850) 475-5438

Proposal for Scientific Diving and Snorkeling Operations

Project Name:_____

Researcher:_____ UWF ID #:_____

Department or Institute:_____ Project Dates:_____

Project Director:_____ Dive Leader:_____

Project Location:_____ Intended Vessel: _____

Staff/Divers: _____

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Description of planned diving research (Brief description of project, # of dives planned, special equipment needed, potential hazards, etc.):_____

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Signature Date

_____ _____

Diving Safety Officer Approval Date