



County of Los Angeles Department of Parks and Recreation
Underwater Unit
 360 El Segundo Blvd. Los Angeles, CA 90061
 (310) 965-8258

Application Form
ADVANCED DIVER PROGRAM (ADP)

PERSONAL INFORMATION

Name:	Age:	Birth Date:	
Address:		City:	Zip:
Tel (Hm):	Tel (Wk):	Tel (Cell#):	
Marital Status:	Ed. Level:	SS #:	
In case of emergency contact:			Phone#:
Email:			

SCUBA BACKGROUND

Certification Agency:	Date of Certification:	Instructor:	
Number of Dives Per Year:		Total Underwater Hours:	
Total Number of Ocean Dives to Date:	% of Beach:	% of Boat:	
How many years of experience in Skin or Scuba diving do you have?			
Membership(s) in any dive clubs or associations:			
What has been your deepest diving depth with Scuba?			

WATERMANSHIP BACKGROUND

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Swimming Ability				
Skin Diving Ability				
Physical Fitness				

OTHER AQUATIC OR SCUBA BACKGROUND

	<u>Agency</u>	<u>Certification Date</u>	<u>Expiration Date</u>
Lifesaving			
Water Safety Instructor			
Basic First Aid			
CPR			
BLS			
Diver Rescue			
Oxygen Management			
Assistant Instructor			
Divemaster			
Instructor			

Please Summarize your last two years of Skin and Scuba diving experience:

MAKE SURE YOU HAVE:

- Completed and signed the application form.
- Completed and signed the waiver.
- The medical history/exam form completed and signed by your physician.
- Copies of all your Scuba certifications.
- Copies of your most current log book.
- Include 2 recent photos of yourself (1 x 1 and 2 x 2).
- Sent in a deposit (\$50.00) non-refundable.

Make Checks Payable To:

Los Angeles County - Advanced Diver Program

Mail application with payment to:

County of Los Angeles Department of Parks and Recreation
Underwater Unit
360 El Segundo Blvd.
Los Angeles, CA 90061

I certify that the statements made here are true and correct. I understand that this information is supplied to the Underwater Unit in confidence for the purpose of establishing my eligibility to attend ADP. I further understand that I must successfully complete the course in order to become eligible for certification.

Signature _____ Date _____