

**County of Los Angeles Department of Parks and Recreation  
Underwater Unit**

360 El Segundo Blvd. Los Angeles, CA 90061  
(310) 965-8258 tel / (310) 324-4869 fax



**Application Form  
Underwater Instructor Certification Course (U.I.C.C.)**

**PERSONAL INFORMATION**

Name:		Age:		Birth Date:	
Address:			City:		Zip:
Tel (Hm):			Tel (Wk):		
Marital Status:		Ed. Level:		SS #:	
Height:	Weight:	Shirt Size:	Jacket Size:		
In case of emergency contact:				Phone#:	

**OCCUPATIONAL INFORMATION**

Employer:	Address:
Occupational Title:	Type of Work:

**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			
Enriched Air Nitrox			
Diver Rescue			
Oxygen Management			
Assistant Instructor			
Divemaster			
Instructor			

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

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**REFERENCES:\***

Please list two Scuba Instructor references.

Name:	Agency:	Instructor#:
Address:	City:	Zip:
Telephone(Hm):	Telephone(Wk):	

Name:	Agency:	Instructor#:
Address:	City:	Zip:
Telephone(Hm):	Telephone(Wk):	

\*Letters of recommendation are **required**.

**MAKE SURE YOU HAVE:**

- Completed and signed the application form.
- Completed and signed the waiver.
- Completed the medical history form.
- The medical exam form completed and signed by your physician.
- Copies of all your Scuba certifications.
- Copies of your most current logbook.
- Include 2 recent photos of yourself (1 x 1 and 2 x 2).
- Sent in a deposit (\$125.00) non-refundable.
- Make Checks Payable To:  
County of Los Angeles, Dept. of Parks and Rec.

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 UICC. I further understand that I must successfully complete the course in order to become eligible for certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_