

NOTIFICATION OF A DIVE

This form is to be submitted to the Board prior to a dive or series of dives.

Operator: _____ Well/Field Name: _____
 Diving Contractor: _____ Vessel or Installation: _____
 Diving Program Authorization No.: _____ Date Issued: _____
 Diving System to be Used: _____
 Water Depth: _____ Dive Depth: _____
 Coordinates: Latitude: _____ Longitude: _____
 Est. Dates: Commencement: _____ Completion: _____
 Diving Supervisors: _____

Divers: (1) _____ (2) _____ (3) _____
 (4) _____ (5) _____ (6) _____

PURPOSE AND BRIEF DESCRIPTION OF DIVE

DECLARATION

The undersigned Operator's Representative and Diving Contractor's Representative hereby declare that, to the best of their knowledge, the information contained herein is true, accurate and complete.

The undersigned Operator's Representative understands that:

- (a) any deviation from the information submitted and approved for the above-mentioned Diving Program Authorization must be approved by the Board prior to a dive;
- (b) each diver must hold a valid medical and diving certificate; and,
- (c) the Board may request a report on the dive when it is completed.

Signed: _____ Date: _____
Diving Contractor's Representative

Signed: _____ Date: _____
Operator's Representative