



Camplin Dive Services Pty Ltd

Name _____

Address _____

Phone _____ mobile _____ email _____

Are you a Qualified Commercial Diver ? _____

What is your ABN? _____

Approximately how many Commercial Dives
have you made excluding course dives? _____

Commercial Diving Certification

Your Training School _____

Date of Certification -- *dd/mm/yy* _____

Diving Qualification Held _____

Do you have a current Medical? yes no

Note: Medicals must comply with AS2299 and be no older than 12 months

Medical Expiry Date -- *dd/mm/yy* _____

Do you have a Senior First Aid with current CPR certification?

Note: The certificates must be current.

Certificate Issuer _____ Certificate Number _____

Do You Have A Current Blue Card yes no

Do You Have An Australian Work Visa (if applicable) yes

Do You Have A Current MISC Card yes no

Do You Have Personal Accident Cover yes no

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