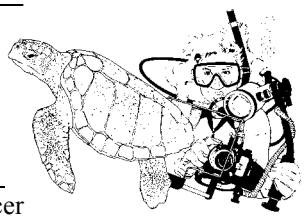
DIVER AUTHORIZATION CARD

Diver Name:_____

Has met all requirements of US Fish and Wildlife Service Dive Policy, 241 FW 10, and is hereby authorized as a

FWS Region ____ Diver

Expiration:



_____

Regional Dive Officer

Phone:

Initial Certification:

Highest Training :

Dive Experience:

Medical Exam:

Fitness Evaluation:

CPR:

First Aid:

O_2 Administration:

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