



Dart Harbour &
Navigation Authority,
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TQ6 9AL

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website: www.dartharbour.org
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Recreational Dive Permit No. _____

Date of Dive	_____	Time of Dive	From _____ To _____
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Name of Dive Organiser	_____
Address of Organiser	_____ _____
Tel / Mobile Number(s)	_____ _____

Organisation under who's rules the dive will be conducted (tick one box only)					
BSAC	<input type="checkbox"/>	PADI	<input type="checkbox"/>	NAUI	<input type="checkbox"/>
SAA	<input type="checkbox"/>	SSI	<input type="checkbox"/>	SSAC	<input type="checkbox"/>
TDI	<input type="checkbox"/>	IANTD	<input type="checkbox"/>	ANDI	<input type="checkbox"/>

If dive is being conducted from a vessel		
Name of Vessel	Person in Charge of Vessel	Name of Nominated Lookout
_____	_____	_____

List of Divers (continue on a separate sheet if necessary)		
Name	Qualification	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Area of Dive	_____
Location	_____
Intended Operation	_____

<i>(to be completed by DHNA)</i> Tidal Information	_____
Weather Data	_____
Known Shipping Movements	_____

<i>(to be completed by DHNA)</i> Restrictions	_____
Instructions	<small>All diving operations must display the appropriate International Code Signal whilst diving takes place. The Harbour Office must be informed by either VHF or telephone <u>before</u> and <u>after</u> diving takes place. If diving operations take place outside of normal working hours then an answer phone message <u>must</u> be left at the Harbour Office giving start and finish times of diving operations.</small>

The dive will be conducted under the rules of the diving organisation indicated overleaf of which I am aware and a site specific risk assessment has been undertaken.

Signature _____ Name _____ Dive Supervisor

Signed _____ Harbour Master/Deputy Harbour Master

Time/Date of Issue _____

Time Dive Completed _____

Signature of Person Notified _____

Name of Person Notified _____