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**Recreational Dive Permit No. \_\_\_\_\_**

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

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		
<b>Name of Vessel</b>	<b>Person in Charge of Vessel</b>	<b>Name of Nominated Lookout</b>
_____	_____	_____

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

<b>Area of Dive</b>	_____
<b>Location</b>	_____
<b>Intended Operation</b>	_____

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

<i>(to be completed by DHNA)</i> <b>Restrictions</b>	_____
<b>Instructions</b>	_____

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/Assistant Harbour Master

Time/Date of Issue \_\_\_\_\_

Time Dive Completed \_\_\_\_\_

Signature of Person Notified \_\_\_\_\_

Name of Person Notified \_\_\_\_\_