



DEPARTMENT OF
NATURAL
RESOURCES

Aquatic Resources
Division
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Harvest Diver Self-Attestation of Training and Experience Form Geoduck Diver Safety Program

Instructions: Complete, sign, and date this self-attestation form to demonstrate compliance with Geoduck Diver Safety Program established in WAC 332-30-172. Return completed forms to the Department of Natural Resources (DNR) by certified mail, email, or fax. Forms will be accepted beginning October 1st of each year to verify compliance for the following calendar year. Forms submitted without required supporting documentation will be considered incomplete.

Harvest Diver Name _____

Current Mailing Address _____

Phone # _____ *Date of Birth* _____

Email _____

Please check all statements that apply to you.

- I completed cardiopulmonary resuscitation (CPR) & first aid training and possess a valid certification (attach copy of certification).
- I completed emergency oxygen administration training and possess a valid certification (attach copy of certification).
- I completed a boater education course and possess a Washington State Boater Education Card (attach copy of card).
- I maintain a combination of training and experience in (i) diving physiology and physics; (ii) diving operations and emergency procedures; (iii) tools, equipment, and systems relevant to harvest diving; (iv) surface-supplied air diving techniques; and (v) U.S. Coast Guard vessel safety requirements. These skills allow me to conduct geoduck harvest diving in a safe and healthful manner that does not endanger myself or others.

Please elaborate on your relevant training and experience. This information is intended to provide the Geoduck Harvest Safety Committee baseline information on the industry wide training and experience. It will not be used to evaluate compliance with geoduck diver safety program requirements.

(Yes / No) I possess a commercial diving certificate. Please identify program:

(Yes / No) I have completed employer and/or industry sponsored safety training in the last 24 months.

(Yes / No) I conducted a minimum of 10 logged surface-supplied air dives during the previous calendar year.

(Yes / No) I adhere to a diving safe practices manual.

(Yes / No) Other. Please explain:

Although not required at the point of licensing, DNR recommends all divers obtain a medical examination performed by a certified diving/hyperbaric physician to verify they are medically fit for exposure to hyperbaric conditions. Diving with certain pre-existing medical conditions can have serious and/or fatal consequences.

I certify under the penalty of perjury, under the law of the State of Washington, that the information stated above is true and correct. I understand providing false or incomplete information on this self-attestation form is a failure to complete the geoduck diver safety program established under RCW 43.30.560 and may result in my removal from a harvest plan of operations under RCW 79.135.210(3) and/or forfeiture of my geoduck diver license issued under RCW 77.65.410.

Harvest Diver Signature: _____ Date: _____

Submit completed form and required documentation via certified mail, email or fax (email preferred). **DNR will not accept materials submitted in person.** Forms submitted without required supporting documentation or past the due date shall be considered incomplete and will not be processed.

Attention: Geoduck Diver Safety Program
Department of Natural Resources
1111 Washington St SE MS 47027
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