Standardized Equipment Program Transaction Form

Diver Name: _____ **Unit / Address:** _____

Phone # (Comm): _____ _____

UDS Approval: _____ **Date:** ___/___/___ **Shipping Date:** _____ **Via:** _____

ITEM DESCRIPTION/TYPE	Order #/Size	ISSUED:____/____/____ SEP ID#/SER#/QTY	RETURNED: ___/___/___ TO NDC	COMMENTS
***Regulator _____**		S/N	S/N	
***Alternate Air Source _____**		S/N	S/N	
***AGA Mask**		S/N	S/N	
***Pressure Gauge**		S/N	S/N	
*** Uwatec-Depth/BTT**		S/N	S/N	
		S/N	S/N	
Compass - Wrist or Console Mount		Qty: Type:	Qty: Type:	
Dive Alert		Qty:		
Wet Suit 6.5mm, 3mm, ____ mm		Qty: Size: Top: Btm:	Qty: Size: Top: Btm:	J&FJ / 1-Piece JS
Boots		Qty: Size:	Qty: Size:	(Men's shoe size)
Gloves (5 finger) 6.5mm, 3mm, ____ mm		Qty: Size:	Qty: Size:	
Hood 6.5mm, 3mm, ____ mm		Qty: Size:	Qty: Size:	Head Circumference:
B. C. _____		S/N Size:	S/N Size:	Ht. Wt. Whip<>
Knife		S/N	S/N	
Fins		Qty: M L XL	Qty: M L XL	
Weight Belt/Buckle		Qty:	Qty:	
Gear Bag		Qty:	Qty:	
Weight Harness		Qty:	Qty:	
Dry Suit _____		S/N Size:	S/N: Size:	Whip<> Powder<> Beeswax<> Finkeepers<> Bag<> Hood<>
Mitts 3 Fingered (pr)		Qty:	Qty:	
Backpack (Dry-Suit)		Qty:	Qty:	
Ankle Weights (pr)		Qty:	Qty:	

***Require Annual Service**

Signature of Recipient: _____ **Date Received:** _____ / _____ / _____

Please sign & return to: NOAA DIVING CENTER – Bldg. 8 ATTN: SEP Technician
7600 Sand Point Way NE, Seattle, WA 98115

06/13/02