NDC Standardized Equipment Program Transaction Form

Divers Name: _____ Phone #_____

Unit/Address_____

UDS Signature: (required to receive gear)_____

ITEM DESCRIPTION		ISSUED:_____/_____ /____	RETURNED: ___/____/ __TO NDC	COMMENTS
***Regulator -1st stage _____**		S/N	S/N	
***Regulator- 2nd stage _____**		S/N	S/N	
***Alternate Air Source _____**		S/N	S/N	
***Pressure Gauge**		S/N	S/N	
***Uwatec-Depth/BTT**		S/N	S/N	
Compass		Qty	Qty	
Dive Alert		Qty:		
Wet Suit 7mm, 3mm		Qty: Size: Top: Btm:	Qty: Size: Top: Btm:	
Boots		Qty: Size:	Qty: Size:	
Gloves -5mm, 3mm		Qty: Size:	Qty: Size:	
Hood- 5mm, 1.5mm		Qty: Size:	Qty: Size:	
***B. C. _____**		# Sz:	# Sz:	
Knife				
Fins		Qty: M L XL T	Qty: M L XL T	
Weight Belt/Buckle		Qty:	Qty:	
Gear Bag		Qty:	Qty:	
DUI Weight Harness		Qty: Size:	Qty: Size:	
Dry Suit _____		S/N Size:	S/N: Size:	Whip<> Powder<> wax<> Hood
Mitts (3 Fingered)		Qty:	Qty:	
Ankle Weights (pr)		Qty:	Qty:	

***Requires Annual Service**

SIGNATURE OF RECIPIENT: **I _____understand that I am solely responsible for the gear that I am receiving and will be held accountable for this gear until it is returned to NDC.**

Date Received: _____/_____/_____

PLEASE SIGN & RETURN TO: NOAA DIVE CENTER - ATTN: SEP TECHNICIAN - FAX 206-529-2757

7600 SAND POINT WAY NE, SEATTLE WA 98115