STANDARDIZED EQUIPMENT PROGRAM TRANSACTION FORM

Diver Name: _____ Unit/Address: _____
Phone # (Comm): _____ _____
UDS Approval: _____ Date: ___/___/___ Shipping Date: _____ Via: _____

ITEM DESCRIPTION	Order #/Size	ISSUED: ___/___/___ SEP ID#/SER#/QTY	RETURNED: ___/___/___TO NDC	BACKORDER/COMMENTS/ CONDITION/DISPOSITION
*Regulator		S/N	S/N	
*Octopus 2nd Stage		S/N	S/N	
*AGA Mask		S/N	S/N	
*Pressure Gauge		S/N	S/N	
*Depth Gauge		S/N	S/N	
*Uwatec-Depth/BTT		S/N	S/N	
Compass - Wrist or Console Mount		Qty: Type:	Qty: Type:	Wrist Mount (WM) Console Mount (CM)
Bottom Timer		S/N	S/N	
Dive Alert		Qty:		
Wet Suit (1/4,1/8,)		Qty: Size: Top: Btm:	Qty: Size: Top: Btm:	J&FJ / JS
Boots		Qty: Size:	Qty: Size:	(Men's sizes)
Gloves (5 finger) (1/4,1/8)		Qty: Size:	Qty: Size:	
Hood		Qty: Size:	Qty: Size:	Hat Size:
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:	Waist:
Gear Bag		Qty:	Qty:	
Wt Suspender Harn		Qty:	Qty:	
Neoprene Drysuit		S/N Size:	S/N: Size:	Whip<> Silic<> Beeswax<> Finkeepers<> Bag<>
Vulcanized Rubber Dry Suit		S/N Size:	S/N: Size:	Repair Kit<> Whip<> Finkeepers<> Bag<>Ins hood<>_____
Mitts 3 Fingered (pr)		Qty:	Qty:	
Backpack (Dry-Suit)		Qty:	Qty:	
Ankle Weights (pr)		Qty:	Qty:	

Signature of Recipient: _____ Date Recvd: ____/____/____

Please sign & return to: NOAA DIVING CENTER - ATTN: SEP COORDINATOR *Require Annual Service 02/99