

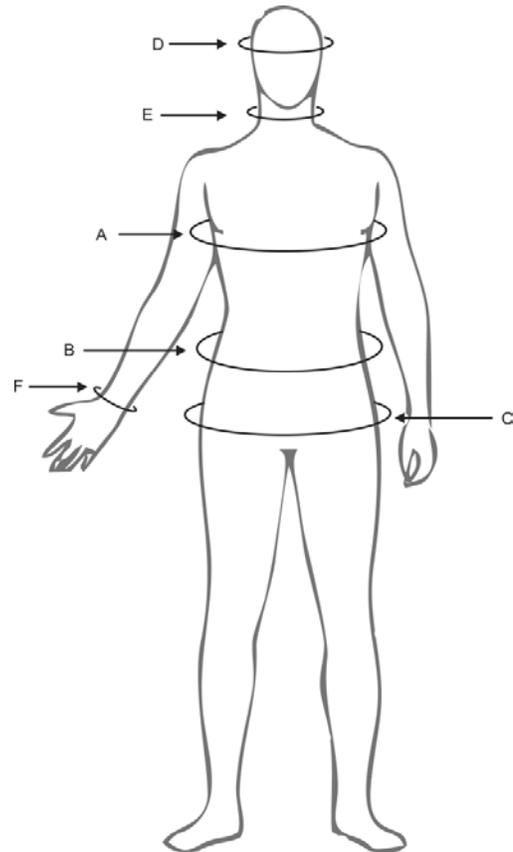
STANDARDIZED EQUIPMENT PROGRAM MEASUREMENT FORM

APPLICANT INFORMATION

| | | | |
|-----------------------|-----------------------|-----------|-----|
| NAME (Last, First MI) | NAME of AGENCY / UNIT | DATE | |
| WORK ADDRESS | CITY | STATE | ZIP |
| E-MAIL ADDRESS | PHONE NUMBER | Extension | |

MEASUREMENTS (use soft measuring tape, pull tape snugly)

| | | |
|-------------------------|--|-----|
| GENDER | <input type="radio"/> FEMALE <input type="radio"/> MALE | |
| GLOVE SIZE | <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> XXL | |
| HEIGHT | ft. | in. |
| WEIGHT | lb. | |
| CHEST / BUST (A) | in. | |
| WAIST (B) | in. | |
| HIPS (C) | in. | |
| HEAD CIRCUMFERENCE (D) | in. | |
| NECK CIRCUMFERENCE (E) | in. | |
| WRIST CIRCUMFERENCE (F) | in. | |
| SHOE SIZE | <input type="radio"/> FEMALE <input type="radio"/> MALE | |



COMMENTS

AUTHORIZATION

| | | |
|-----------------------------|----------------------------------|------|
| DIVER NAME | DIVER SIGNATURE | DATE |
| UNIT DIVING SUPERVISOR NAME | UNIT DIVING SUPERVISOR SIGNATURE | DATE |

SUBMISSION INSTRUCTIONS

Submit this form to the Standardized Equipment Program via SEP.NDC@noaa.gov or FAX: 205-529-2757