

Name: _____

Training Coordinator: _____



DIVE LOG

The first fifteen Sea**TREK**® dives must be verified by a Sea**TREK**® Training Coordinator. The first 60 scuba dives must be documented and a copy provided to **Sub Sea Systems**,® Inc.

Initial 15 Sea**TREK**® Dives

	Dive Date	Verified By		Dive Date	Verified By
1.	<input type="text"/>	<input type="text"/>	8.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	9.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	10.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	11.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	12.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	13.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	14.	<input type="text"/>	<input type="text"/>
			15.	<input type="text"/>	<input type="text"/>

60 scuba dives completed and verified by:

_____ Training Coordinator

A copy of this document must be included with your Sea**TREK**® Guide Application and sent to **Sub Sea Systems**,® Inc. upon completion.

Fax a copy to: 530-626-0113

or E-mail: insurance@subseasystems.com