

Name: _____

Training Coordinator: _____



DIVE LOG

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

Initial 15 SeaTREK® Dives

Dive Date (mo, day, year)	Verified By	Dive Date (mo, day, year)	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 SeaTREK® Guide Application and sent to Sub Sea Systems®, Inc. upon completion.

Fax a copy to: 530-626-0113

or E-mail: insurance@subseasystems.com