

REQUEST FOR DIVE AUTHORIZATION

Dive Company Information

Dive Company Name		Date request submitted	
Address		City - Province	Postal Code
Telephone (work)	Cell Phone	Email Address	

Individual requesting Authorization

Last Name	First Name	Email Address
Emergency Contact Name		Emergency Contact Number

On site Dive Information

Name of Diver(s)		
On site Contact Name		Onsite Contact Number
Port Location	HAMILTON	OSHAWA
Dive Location (Pier)	Name of Vessel (if applicable)	
Purpose of Dive		
Date(s) of Dive		
Start time of dive	HOURS	Finish time of dive HOURS
Company requesting dive	Remarks	

I, the undersigned, acknowledge the following:

- This report must be submitted to the Harbour Master Office prior to the dive taking place.
- Authorization to be issued in accordance with the Port Authority Operations Regulation. Failure to do so may result in postponement of dive.
- The Harbour Masters Office/Port Patrol is to be notified via VHF Channel 12 or at 905-525-3412 when the Diver is IN and OUT of the water.

Individual requesting Authorization

Signature	Date
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The following request for dive authorization must be submitted to the Harbour Masters Office/Port Patrol for approval **prior** to the activity taking place.

Email : authorization@hopaports.ca

HARBOUR MASTERS OFFICE / PORT PATROL : 905-525-3412