



**DEPARTMENT OF
NATURAL RESOURCES**

Aquatic Resources Division
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Harvest Diver Annual Self-Attestation of Training and Experience Form Geoduck Diver Safety Program

Please complete, sign, and date this self-attestation form to demonstrate compliance with the Washington State Department of Natural Resources (DNR) Geoduck Diver Safety Program. Return completed forms along with supporting documents to DNR by certified mail, email, or fax. Material will be accepted beginning October 1st to verify compliance for the following calendar year and must be received by the Wildstock Geoduck administrative team before December 31st. Forms submitted without required supporting documentation will be considered incomplete. All potential divers must also apply for appropriate licenses with the Department of Fish and Wildlife (DFW).

Harvest Diver Name _____

Current Mailing Address _____

Phone # _____ **Date of Birth** _____

Email _____

**email will only be used to clarify requirements and for announcements related to licensing.*

These items are required by WAC 332-30-172 and RCW 77.65.410. Please check all statements that apply to you:

I have received the following trainings and possess current certifications (attach copies):

- First aid
- Cardiopulmonary resuscitation (CPR)
- Emergency oxygen administration

I have completed a boater education course and possess a Washington State Boater Education Card (attach copy).

I have been included on a geoduck harvest plan of operation during the last calendar year.

I maintain a combination of training and experience in (i) diving physiology and physics; (ii) diving operations and emergency procedures; (iii) tools, equipment, and systems relevant to harvest diving; (iv) surface-supplied air diving techniques; and (v) U.S. Coast Guard vessel safety requirements. These skills allow me to conduct geoduck harvest diving in a safe and healthful manner that does not endanger myself or others.

Please elaborate on your relevant training and experience. The information below is intended to provide the Geoduck Harvest Safety Committee baseline information on the industry wide training and experience. It will not be used to evaluate compliance with geoduck diver safety program requirements.

(Yes / No) I possess a commercial diving certificate. Please identify program:

(Yes / No) I have completed employer and/or industry sponsored safety training in the last 24 months.

(Yes / No) I conducted a minimum of 10 logged surface-supplied air dives during the previous calendar year.

(Yes / No) I adhere to a diving safe practices manual.

(Yes / No) Other. Please explain:

Although not required at the point of licensing, DNR recommends all divers obtain a medical examination performed by a certified diving/hyperbaric physician to verify they are medically fit for exposure to hyperbaric conditions. Diving with certain pre-existing medical conditions can have serious and/or fatal consequences.

Do not submit confidential or medical material to DNR. DFW dive license applications and/or fees must be submitted to COMMERCIALSALES@DFW.WA.GOV.

I certify under the penalty of perjury, under the law of the State of Washington, that the information stated above is true and correct. I understand providing false or incomplete information on this self-attestation form is a failure to complete the geoduck diver safety program established under RCW 43.30.560 and may result in my removal from a harvest plan of operations under RCW 79.135.210(3) and/or forfeiture of my geoduck diver license issued under RCW 77.65.410.

Harvest Diver Signature: _____ Date: _____

Submit completed form and required documentation via certified mail, email or fax (email preferred). DNR will not accept materials submitted in person. Forms submitted without required supporting documentation or past the due date shall be considered incomplete and will not be processed.

Attention: Geoduck Diver Safety Program
Department of Natural Resources
1111 Washington St SE MS 47027
Olympia, WA 98504

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Email: DNRREAQGEODUCK@DNR.WA.GOV