

APPENDIX 14
NITROX AUTHORIZATION FORM

Verification of training is required for the use of any non-standard breathing mix where the fO_2 is different than 21%.

Name: _____

Nitrox Certification Agency: _____

Nitrox Certification #: _____

Nitrox Certification date: _____

Number of Nitrox dives: _____

Most recent Nitrox dive: _____

Do you own Nitrox tables? No Yes

Do you own a Nitrox computer? No Yes

Do you own Nitrox tanks? No Yes

Do you own a Nitrox analyzer? No Yes

Approved by DSO:

_____ Date: _____

Comments: