

Application for revalidation of the Advanced European Scientific Diver Certificate (AESD)

Full Name:				
Address:				
Date of Birth:		_		
E-mail contact	address:			
Proof of requi	rements for rev	alidation		
The applicant I	has to show proof	f of:		

- having undertaken 12 dives in the last 12 months,
 - o including at least 6 dives in open water environments
 - including a number of minimal 10 dives with a scientific task of work (within the period of five years)
- acting as "supervisor for scientific diving" according to GUV-R 2112 for at least 20 scientific dives
- valid confirmation of medical fitness following the trade associational principle for occupational health examinations G31 'High Pressure' (occupational diving) ["Berufsgenossenschaftlicher Grundsatz für arbeitsmedizinische Vorsorgeuntersuchungen G31 Überdruck (Taucherarbeiten)"].
- First Aid (Erste Hilfekurs) dating back no more than 2 years
- at least one refreshment of diving First Aid, including CPR and oxygen administration to diving casualties, dating back no more than 1 year

Send:

- Completed form
- Payment document for the administration fee of 15,- €, payable to: Kommission Forschungstauchen Deutschland, Keyword: AESD-Verlängerung "your name", account number: Sparkasse Südholstein IBAN: DE33 2305 1030 0015 1999 79, BIC: NOLADE21SHO).
- Proof of requirements listed above. Copies (also digitalized) will be accepted.

To:

Prof. Dr. Philipp Fischer Certification Authority/German Commission for Scientific Diving

Alfred-Wegener-Institute for Polar and Marine Research Biological Station Helgoland 27498 Helgoland Germany Philipp.Fischer@awi.de

For official use only Date application received: Date dispatched: AESD-Nr:

Approved/Refused.

Date of espiry of certificate (valid 5 years):