



## Application for revalidation of the European Scientific Diver Certificate (ESD)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail contact address: \_\_\_\_\_

### Proof of requirements for revalidation

The applicant has to show proof of:

- 
- having undertaken 12 dives in the last 12 months,
    - 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)
  - 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
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### Send:

- **Completed form**
- **Payment document for the administration fee of 12 €, payable to:** Kommission Forschungstauchen Deutschland, **Keyword: ESD-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

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

Approved/Refused.  
Date of expiry of certificate (valid 5 years):