



# AAUS Facility Application

**Directions:** Use this application to apply as an AAUS certification facility. You must provide a facility logo to be used on all certification cards ([aaus@disl.org](mailto:aaus@disl.org)). **Before your facility will be approved, you must adopt the current version of the AAUS standards. This must be reflected in your standards manual and uploaded to your AAUS OM profile.**

## Contact Information (Please print clearly)

Facility/ Institution Name: \_\_\_\_\_

Institution Type:

Academic/ Research     Aquarium     Government Entity     Private Consulting

Other: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Physical Address (Line 1): \_\_\_\_\_

Physical Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Diving Safety Officers/ Instructors

List all instructors who are authorized under the auspices of your facility to conduct AAUS related training (attach separate pages if necessary). Individual instructor applications must be submitted by each individual who wishes to become an AAUS Instructor.

Primary DSO/Instructor Name: \_\_\_\_\_

DSO/Instructor Name: \_\_\_\_\_

DSO/Instructor Name: \_\_\_\_\_

Institution DSO or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

For Administrative Use Only:

Date Received: \_\_\_\_\_ Institution Number: \_\_\_\_\_