



DIVING PROGRAM AUTHORIZATION APPLICATION

_____, as Operator, hereby applies for authorization of a proposed diving program in the _____ region using the vessel or installation and the equipment and procedures described in the detailed program dated _____, 20_____.

Diving Contractor (if different from Operator): _____

Vessel or Installation: _____

Water Depth: _____ Period of Diving Program: _____

Type of Dive (Surface/ADS/Saturation): _____

Diving Equipment: _____

Maximum Working Pressure for Diving System: _____

Type of Breathing Mixture: _____

Diving Safety Specialist: _____

Diving Supervisor(s): _____

Type of Decompression Chamber: _____

Name of Specialized Diving Doctor: _____

Telephone No.: _____

Rescue and Treatment Facilities / Location: _____

Other Information: _____

The undersigned Operator's Representative hereby declares that, to the best of his/her knowledge, the information contained herein and in the attached detailed program is true, accurate and complete.

Signed: _____
Operator's Representative

Date: _____

AUTHORIZATION

Authorization is hereby given to the Operator named in the Application, pursuant to subsection 142(1)(b) of the *Canada - Nova Scotia Offshore Petroleum Resources Accord Implementation Act* and 135(1)(b) of the *Canada - Nova Scotia Offshore Petroleum Resources Accord Implementation (Nova Scotia) Act* to conduct the proposed diving program subject to the following conditions:

1. This Diving Program Authorization shall, unless otherwise extended or terminated, expire on: _____
2. The Operator shall use the equipment and procedures described in the detailed program dated _____ unless a change in the equipment or procedures is approved in writing by the Chief Safety Officer.
3. The Operator shall, during the term of this Authorization, comply with the provisions of the Board's Nova Scotia Offshore Petroleum Occupational Health and Safety Requirements dated December 2000.
4. The Operator shall comply with the *Nova Scotia Offshore Petroleum Diving Regulations (SOR 95/189) promulgated April 11, 1995*, and such other conditions as are appended to this Authorization.

Signed: _____
Chief Executive Officer

Effective Date: _____

Authorization No.: _____