



# DIVING PERMISSION FORM

## Port of Duqm

### **APPLICATION FOR AUTHORIZATION OF UNDERWATER DIVING**

**Application No:**

**Dated:**

**To** Harbour Master's Office,  
Port of Duqm

**Address** 9<sup>th</sup> Floor; Building, Port of Duqm,  
Duqm. Email: [vts@portofduqm.om](mailto:vts@portofduqm.om)

This application is for authorization to dive in the waters in the jurisdiction of the Port Authority of Port of Duqm.

<b>Applicant's Name:</b>		<b>Date:</b>			
<b>Id No:</b>					
<b>Address:</b>		<b>Contact No:</b>	<b>Self</b>		
			<b>Emergency</b>		
<b>Company Name:</b>		<b>CR Number:</b>			
<b>Date</b>		<b>Time</b>		<b>Location</b>	<b>Remarks</b>
<b>From</b>	<b>To</b>	<b>From</b>	<b>To</b>		
<b>Descriptions of Safety Precautions to be Taken:</b>					

The provision of false or misleading information will result in authorization being withdrawn by HMO, PODC.

This application form, duly completed, must be returned to the Harbour Master's office for review, together with Administration Fee as stated (payable to Port of Duqm Company) and signed Waiver of Claims form, prior to any Permission Permit being granted. In addition,

- Proof of adequate and specific liability insurance coverage for commercial diving enterprises, with the "PORT of Duqm Company" added as an Additional Insured, must be provided prior to the dive in question. Insurance also to include a Cross Liability clause and a Severability of Interest clause. Wreck



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Removal may be required as necessary. The applicant will notify the PODC in the event that the policy is amended or cancelled.

- Safety Checklist attached.

### Fee Structure

**Individual:**

**Company:**

**Authorized Signature of Company (if not a legal entity,**

**Signature of individual/s**

### Payment Details:

**Name:**

**Address:**

**Tel:**

**Email:**

### **UNDERWATER DIVING PERMISSION** **(18 years of age or over)** **CONDITIONS, WAIVER AND INDEMNITY**

I, the undersigned (print name) \_\_\_\_\_ on behalf of (Company Name and Address) \_\_\_\_\_.

In consideration for the Port of Duqm Company permitting me to enter the waters of Port of Duqm for the purpose of underwater diving, I understand and agree to the following conditions:

#### **1. Compliance with Regulations**

I undertake to comply with all Operating Regulations and Practices and Procedures as laid down by Port Authority of Port of Duqm. Contact Port Control / Port HSE to complete the Diving Checklist & Log.

#### **2. Inform Port Control**

Before entering the water, I will report to the Port Control (telephone +968 2546 8588) to provide completion of safety checklist and the location and times of water-related activities. It is understood this permission is null and void if I fail to give such prior notice. Further, provide copy of this form with the record of diving activities in the prescribed format at the end of this form.

#### **3. Produce Proof of Permission**

Notwithstanding prior notice to the Port Control, I agree to keep this properly- executed form available at the location, and to promptly produce it for inspection at the request of a police officer or an officer of the Port Authority. I understand failure to produce a valid permission form on request may be construed as absence of authorized permission, and if requested to do so, I will immediately

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discontinue the described activities until a valid form is produced, or I may face penalty under law / Port Rules & Regulations.

#### 4. Act at Own Risk and Waive Claims

I acknowledge that I enter the water and engage in diving at my sole risk of injury or death or damage to myself, or to other persons or property, and I hereby agree to indemnify and hold harmless the Port Authority of Port of Duqm, their employees, servants or agents against all suits, actions, claims, costs or demands of any nature arising or resulting directly or indirectly from the granting of this permission.

#### 5. Period of Permission

I understand this permission is granted for the period from \_\_\_\_\_ to \_\_\_\_\_ following which, further permission must be obtained in order to be valid. Permission may be revoked at any time without prior notice upon breach of these conditions and undertakings.

#### I solemnly state:

- (a) that I have read and understand the foregoing upon the reverse
- (b) that I am 18 years of age or older
- (c) that I waive any and all claims which but for this waiver I may have or hereafter acquire against the Port Authority of Port of Duqm, their employees, servants or agents, arising out of the granting of this permission, and this waiver shall be binding upon my heirs, executors, administrators and assigns.

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**Witnessed by: \_\_\_\_\_ Signed by: \_\_\_\_\_**

**Applicant**

**(For Office Use ONLY)**

**Certificate No:**

**Permission to dive is granted subject to the foregoing undertakings and conditions.**

Signed \_\_\_\_\_  
Harbour Master

Date \_\_\_\_\_

**NOTE: Permission is not granted unless this form is signed by the diver and by the Harbour Master or his designated representative.**

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		<b>Diving Log</b>		Certificate No: 0000		
<b>Section # 1 Scope of Work</b>						
Date		Time		Terminal		
Berth No		No of Divers		No OF SCUBA		
Company / Dept.				PTW NO		
Work Description						
<b>Section # 2 General Safety Precaution Check List</b>					<b>Yes</b>	<b>No</b>
All divers aware of the scope of work going to be carried out (Risks & Safety Precaution Required)						
Means of communication between diver and surface available & agreed						
Standby diver available						
Weather conditions acceptable & safe to carry out the work						
Enough supply of oxygen available with the diving crew						
All SCUBA has been inspected and safe to be used						
All divers provided with self-flashing light						
Emergency evacuation, contacts and telephone numbers agreed						
Emergency equipment such first aid kit & Emergency oxygen delivery made available.						
Light sufficient for the night operations / working area						
Safety pickup boat made available						
Flag (A) of the International Code of Signals shall be hoisted if diving operations are going on.						
<b>Section # 3 Acceptance Of Permit by Holder</b>						
I confirm that will comply with the all safety requirement set in this permit						
Name:		Date		Signature		
<b>Section # 4 authorization to start diving operation by HSS Officer / Port Control Officer</b>						



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I confirm that all the safety precaution requirement has been covered accordingly. Therefore permission is hereby granted to enter above diving operation .

<b>Name:</b>		<b>Date</b>		<b>Signature</b>	
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Section# 5 Personal Diving Record (To Be filled by the stand by Diver)							
Date		Name		Time In		Time Out	
Date		Name		Time In		Time Out	
Date		Name		Time In		Time Out	
Date		Name		Time In		Time Out	
Date		Name		Time In		Time Out	
Date		Name		Time In		Time Out	
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