



MINISTRY OF TOURISM

APPLICATION FOR REGISTERING DIVE FACILITY

New Renewal Name Change Replacement Change of Operator Change of Location

Dive School Information

Proposed Name: _____

Location of Dive Center with
Postal Address: _____

Name and Address Operator:
(Dive school operator) _____

Company Reg. No: _____

Tel: _____ Mobile: _____

Fax: _____ E-mail: _____

Affiliated Parent Organization
(if any): _____

Agreement date between dive
facility operator and the owner
of the location: _____

Agreement Expiry date: _____

Dive School Registration No: _____
(If Registered before)

Base Leader

Name: _____

Certificate number: _____ Date: _____

Employed Instructors

Name: _____

Certificate number: _____ Date: _____

Name: _____

Certificate number: _____ Date: _____

Dive School Certifies Students Through: (Please Tick Box Where Applicable)

PADI NAUI CMAS VIT Others _____

SCUBA EQUIPMENTS

No. of Snorkels in good condition: _____ No. of Masks in Good Condition: _____

No. of Fins in good condition: _____ No. of Snorkeling Vests: _____

No. of Buoyancy Compensators / BCD: _____ Volume: _____

No. of Regulators in good condition: _____ No. with SPG and Octopus: _____

No. of Tanks in Good condition: _____ Normal filling pressure: _____

Latest pressure test dates: _____

No. of Lead Pieces _____ No. of Belts _____ WEIGHTS (KG): 1KG 2KG OTHERS _____

No. of depth gauges: _____ No. of Dive Watches: _____

No. of Dive Compasses: _____ No. of Dive Computers: _____

No. of Underwater Torches: _____ No. of Wet Suits: _____

No. of Dive Flags: _____ Type: RED/WHITE/RED BLUE/WHITE

No. of surface marker balloon: _____

Other Signals (Please Specify): _____

Photographic Equipment Available: Yes No

Filming Equipment Available: Yes No

ARRANGEMENTS FOR EMERGENCY MEDICAL ASSISTANCE

No. of Pure Oxygen Bottles: In Dive Centre _____ Volume _____ litres
In Dive Dhoni _____ Volume _____ litres

No of Breathing Masks: In Dive Centre _____
In Dive Dhoni _____

First Aid Facilities Available: YES NO

Nearest Decompression Facility and Distance: _____

Medical Evacuation Time: _____ Hrs _____ Min.

Mode of Transport: _____

Arrangement for Emergency Medical Assistance: _____

COMPRESSORS

No. of Compressors: _____ Located in Dive Base
 Dive Dhoni

Type/Brand _____ Filing Capacity _____ m³/ min (_____ bar)
_____ m³/ min (_____ bar)

DIVE CENTRE / FACILITY STRUCTURE

Separate Building Flat/s Vessel

CONSISTS OF

Reception Office Equipment Store Room Workshop
 Class Room Compressor Room Equipment Wash Area

TRANSFER BOAT / DIVE DHONI

Communications to Dive Centre with

Walkie Talkie VHF Radio Mobile Phone No: _____

Other Communication Type: _____

Number of Dive Flags: _____ Type: RED /WHITE / RED BLUE/ WHITE

DECLARATION

I / We, _____ hereby agree to provide diving services at the above referred facility in accordance with the laws and regulation of the Rep. of Maldives.

Name of the Operator:	Company Seal:
Signature:	Contact No/Mobile.:
Date:	

THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED WITH THE APPLICATION FORM

- CERTIFICATE COPIES OF BASE LEADERS AND INSTRUCTORS.
- COPY OF COMPANY REGISTRATION CERTIFICATE, MEMORANDUM AND ARTICLES OF ASSOCIATION. (Memorandum of Association should include Operation of Dive Center)
- A COPY OF AN AGREEMENT BETWEEN DIVE FACILITY OPERATOR AND THE OPERATOR OF RESORT/ VESSEL/GUEST HOUSE/HOTELS OR ANY OTHER FACILITY. There should be a clause in the agreement allowing for the use of the premises as a dive center/school.
- A COPY OF AN AGREEMENT BETWEEN DIVE FACILITY OPERATOR AND THE OWNER OF THE LOCATION (INHABITED ISLANDS ONLY) There should be a clause in the agreement allowing for the use of the premises as a dive center/school.
- COPY OF LAND REGISTRATION
- COPY OF BUSINESS NAME REGISTRATION
- EMERGENCY PLAN & SAMPLE DIVE ROSTER
- ORIGINAL OF THE PREVIOUS OPERATING LICENSE (IF REGISTERED BEFORE)
- TAX CLEARANCE REPORT OF THE OPERATOR (FROM MALDIVES INLAND REVENUE AUTHORITY)

**Please note that there is a registration charge of MRF 5000 for all new dive school registrations.*

** For any enquiry regarding this form please contact Registration Section number: 3022200.*

** Once all documents are complete and approved, Ministry will call to make arrangements for the inspection of the dive school.*

**Please note that incomplete application will not be accepted.*