



MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Dive Team 2025

Please use this form to document your SRT Dive Team training for the current calendar year. Once complete, please submit your form to the SRT Office. Forms can be emailed to admin@srtilinois.org or faxed to (866) 560-5538. **FORMS MUST BE TYPED (except for signatures) AND MUST BE RECEIVED BY THE SRT OFFICE NO LATER THAN 5:00 PM ON TUESDAY, JANUARY 6, 2026.**

Name: _____

Department/District: _____

Email Address: _____

***** SRT Dive Team members are required to complete five (5) open water dives annually
** with a minimum of two (2) dives occurring during SRT Dive Team trainings.***

☐ Check this box if you joined the team mid-year or were out on a leave of absence for any part of the year.

If you checked the box above, please look at the SRT Dive Team Spreadsheet to determine your required number of SRT dives and total dives for this calendar year. The SRT Dive Team Training Spreadsheet is available on the SRT website at www.srtilinois.org by going to ADMIN > Training Information. Document your dive requirements for this calendar year below:

Total Dives Required: _____

Total SRT Dives Required: _____

SRT DIVES (MINIMUM 2)

SRT Dive Team members must complete a minimum of two (2) SRT Dive Team trainings. Only trainings listed on the SRT Training Calendar and SRT Dive Team Training Spreadsheet are considered SRT Dive Team trainings.

DATE OF DIVE

LOCATION

- | | | |
|-------|-------|-------|
| (1) | _____ | _____ |
| (2) | _____ | _____ |
| (3) | _____ | _____ |
| (4) | _____ | _____ |
| (5) | _____ | _____ |

DEPARTMENT/OTHER DIVES (MAXIMUM 3)

SRT Dive Team members can count a maximum of two (2) department/other dives toward their required five (5) dives.

DATE OF DIVE

LOCATION OF DIVE

- | | | |
|-------|-------|-------|
| (1) | _____ | _____ |
| (2) | _____ | _____ |
| (3) | _____ | _____ |



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DATE OF BASIC POOL SKILLS EVALUATION: _____

DATE OF WATERMANSHIP SWIM TEST: _____

I, the above named SRT Dive Team Member, certify that I have read and agree to follow the standards and guidelines set forth in the current SRT Dive Team SOG (Standard Operating Guidelines), dated June 4, 2024.

SRT Dive Team Member Signature: _____

I, the above named SRT Dive Team Member's Fire Chief, certify that (1) this individual has my permission to participate in all activities related to their SRT Dive Team membership and (2) that he/she is physically able to the perform the duties required to be a member of the SRT Dive Team.

Fire Chief Signature: _____

- ☐ To request a training exception for this year, please check this box and attach to this form a letter/memo from your Fire Chief. The letter/memo should be addressed to the SRT Chief Administrative Officer and outline the reasons and/or extenuating circumstances that your Fire Chief thinks should be taken into consideration when reviewing your request. Training exceptions will be considered by the MABAS Operations Chiefs on a case by case basis.

SRT ADMINISTRATION USE ONLY

Received:

Date: _____ By: _____

Processed:

Date: _____ By: _____

☐ App ☐ N/App