



Network Affiliate Application Form

Company Information:

Company Name _____

Address _____

State/ Zip _____

Primary Contact _____

Contact Phone _____

Office Phone _____

Coverage Area _____

Boat Available? Yes No

Diver Service Rates:

Please indicate your price ranges for the following services:

Inspections _____

Disentanglement _____

Dockside Retrieval _____

Zinc Installation _____

Propeller Removal and Reinstall _____

Please mail or fax this form along with a current copy of your **liability insurance**. We look forward to doing business with you in the future.

Mail: **Pier 88 Diving Co**
2465 US Hwy 1 South
PMB 9
Saint Augustine, FL 32086

Fax: 267-654-6159

Email: <mailto:affiliates@pier88diving.com>