

APPENDIX 6

AAUS REQUEST FOR DIVING RECIPROCITY FORM
VERIFICATION OF DIVER TRAINING AND EXPERIENCE

Diver: _____

Date: _____

This letter serves to verify that the above listed person has met the training and pre-requisites as indicated below, and has completed all requirements necessary to be certified as a (Scientific Diver / Diver in Training) as established by the (Organizational Member) Diving Safety Manual, and has demonstrated competency in the indicated areas. (Organizational Member) is an AAUS OM and meets or exceeds all AAUS training requirements.

The following is a brief summary of this diver's personnel file regarding dive status at

(Date)
_____ Original diving authorization
_____ Written scientific diving examination
_____ Last diving medical examination Medical examination expiration date _____
_____ Most recent checkout dive
_____ Scuba regulator/equipment service/test
_____ CPR training (Agency) _____ CPR Exp. _____
_____ Oxygen administration (Agency) _____ O2 Exp. _____
_____ First aid for diving _____ F.A. Exp. _____
_____ Date of last dive _____ Depth
Number of dives completed within previous 12 months? _____ Depth Certification _____ fsw
Total number of career dives? _____

Any restrictions? (Y/N) _____ if yes, explain:

Please indicate any pertinent specialty certifications or training:

Emergency Information:

Name: _____ Relationship: _____
Telephone: _____ (work) _____ (home)
Address: _____

This is to verify that the above individual is currently a certified scientific diver at _____

Diving Safety Officer:

(Signature) _____ (Date) _____
(Print) _____