

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)