

**APPENDIX 8**  
**AAUS REQUEST FOR DIVING RECIPROCITY FORM**  
**VERIFICATION OF DIVER TRAINING AND EXPERIENCE**

A scientific diver that is currently certified under the auspices of an organizational member institution of the American Academy of Underwater Sciences (AAUS) shall be recognized by any other organizational member of AAUS and may apply for reciprocity in order to dive with the host organization. Organizational members that are in good standing with AAUS operate, at a minimum, under the AAUS Standards for Scientific Diving Certification and Operation of Scientific Diving Programs (1996 edition). The visiting diver will comply with the diving regulations of the host organization's Diving Safety Manual unless previously arranged by both organization's Diving Control Boards.

The host organization has the right to approve or deny this request and may require, at a minimum, a checkout dive with the Diving Safety Officer (DSO) or designee of the host organization. If the request is denied, the host organization should notify to the DSO of the visiting diver the reason for the denial. The DSO for the visiting scientific diver has confirmed the following information:

(Date) \_\_\_\_\_  
 \_\_\_\_\_ Written scientific diving examination  
 \_\_\_\_\_ Last diving medical examination  
 \_\_\_\_\_ Most recent checkout dive  
 \_\_\_\_\_ Scuba regulator/equipment service/test  
 \_\_\_\_\_ CPR training (Agency) \_\_\_\_\_  
 \_\_\_\_\_ Oxygen administration (Agency) \_\_\_\_\_  
 \_\_\_\_\_ First aid for diving \_\_\_\_\_  
 \_\_\_\_\_ Date of last dive \_\_\_\_\_  
 Number of dives completed within previous 12 months? \_\_\_\_\_  
 Depth certification \_\_\_\_\_  
 Any restrictions? (Y/N) \_\_\_\_\_ if yes, explain:

Please check any pertinent specialty certifications:

_____ Dry suit	_____ Rescue	_____ Blue water
_____ Dive Computer	_____ Divemaster	_____ Altitude
_____ Nitrox	_____ Instructor	_____ Ice/Polar
_____ Mixed gas	_____ EMT	_____ Cave
_____ Closed circuit	_____ Dive Accident Management	_____ Night
_____ Saturation	_____ Chamber operator	Other _____
_____ Decompression	_____ Lifesaving	

Name of diver: \_\_\_\_\_  
 Emergency Information: (To notify in an emergency)  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 Address: \_\_\_\_\_

This is to verify that the above individual is currently a certified scientific diver at: \_\_\_\_\_

(Name of AAUS Organizational Member)  
 Diving Safety Officer: \_\_\_\_\_  
 (Signature) (Date)  
 \_\_\_\_\_  
 (Print) (Telephone, FAX, Email)