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
_____ Dive Computer _____ Divermaster
_____ Nitrox _____ Instructor
_____ Mixed gas _____ EMT
_____ Closed circuit _____ Dive Accident Management
_____ Saturation _____ Chamber operator
_____ Decompression _____ Lifesaving
_____ Blue water
_____ Altitude
_____ Ice/Polar
_____ Cave
_____ Night
_____ Other___________________

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)
(Telephone,FAX,Email)