

**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 Arizona State University Scientific Diving Program. 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 ASU Diving Safety Manual unless previously arranged by both organization's Diving Control Boards.

The Arizona State University Scientific Diving Program 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 Arizona State University Scientific Diving Program. If the request is denied, the Arizona State University Scientific Diving Program 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 Arizona State University
Diving Safety Officer: _____

(Signature)

(Date)

(Print)

(Telephone, FAX, Email)