

Appendix 6

KAUST Request for Diving Reciprocity Form (LOR) 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 KAUST Diving Safety Manual, and has demonstrated competency in the indicated area and meets or exceeds all KAUST training requirements in the standards and procedures of said manual.

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

Date:

- Original diving authorisation
- Written scientific diving examination
- Last diving medical examination and expiration date.
- Most recent checkout dive
- Scuba regulator/equipment service/test

CPR training agency CPR Exp.

Oxygen administration agency O2 Exp.

First aid F.A. Exp.

Date of last Dive	Depth
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Number of dives completed within previous 12 months

Depth Certification	Mtr
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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:

Date:

The King Abdullah University of Science and Technology – Kingdom of Saudi Arabia

Diving Safety Officer: David John Pallett, M.I 86355, AAUS, TDI/SDI 18981

(Signature)

(Date)