

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 KAUST Diving Safety Manual, and has demonstrated competency in the indicated areas. KAUST 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 Authorization _____ feet
Total number of career dives? _____

Any restrictions or Waivers of Requirements? (Y/N) _____ if yes, explain:

Please indicate any pertinent authorizations or training:

Emergency Information:

Name:

Relationship:

Telephone:

(work)

(home)

Address:

This is to verify that the above information is complete and correct

Diving Safety Officer:

(Signature)

(Date)

(Print)