

**Appendix 8: AAUS Request for Diving Reciprocity Form, Verification of Diver Training, and Experience**

Diver Name: \_\_\_\_\_  
Recipient: \_\_\_\_\_  
Research Site/Project: \_\_\_\_\_

Date: \_\_\_\_\_  
Valid Until: \_\_\_\_\_

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 (2001 edition). 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.

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 / Scientific Diver-in-Training*) as established by the *Texas A&M University Galveston Diving Safety Manual*, and has demonstrated competency in the indicated areas. *Texas A&M University* is an AAUS organizational member that currently meets, or exceeds, all AAUS training requirements.

The following is a brief summary of this diver's personnel file regarding dive status as of \_\_\_\_\_ (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) \_\_\_\_\_      O<sub>2</sub> Exp. \_\_\_\_\_  
\_\_\_\_\_ First aid for diving \_\_\_\_\_      First Aid Exp. \_\_\_\_\_  
\_\_\_\_\_ Date of last dive, Depth: \_\_\_\_\_

Number of dives completed within previous 12 months? \_\_\_\_\_      Depth Certification \_\_\_\_\_ fsw

Total number of career dives? \_\_\_\_\_

Any restrictions? (Y/N) \_\_\_\_\_ if yes, explain:

Please indicate any pertinent specialty certifications or training:

**Emergency Contact Information:**

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_  
Telephone (work and home): \_\_\_\_\_  
Address: \_\_\_\_\_

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

Diving Safety Officer:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Phone/email)