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) ________________