

APPENDIX 6
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 Hawaii Pacific University Diving Safety Manual, and has demonstrated competency in the indicated areas. Hawaii Pacific University (HPU) 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 HPU:

(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 (Agency) _____ 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: _____ (cell ph) _____ (home ph)

Address: _____

Diving Safety Officer: I certify the above information is correct.

(DSO Signature)

(Date)

(DSO Phone no.)

(DSO Printed name)

(DSO Email)