

**KEYS MARINE LAB 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 the AAUS requirements necessary to be certified as a: (circle one) Scientific Diver / Diver in Training as established by the [Organizational Member](#) Diving Safety Manual, and has demonstrated competency in the indicated areas. [Organizational Member](#) 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 [Organizational Member Name](#).

(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 Certification _____ fsw
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: _____

Is the above named individual still currently certified as a Scientific Diver in your Scientific Diving Program?
(circle one) YES NO

Is the above named individual currently affiliated with your institution?
(circle one) YES NO

Diving Safety Officer:

(Signature)

(Date)

(Print)