

AAUS REQUEST FOR DIVING RECIPROCITY OR VERIFICATION OF
DIVER TRAINING AND EXPERIENCE

Diver: _____

Date: ____/____/____
D M Y

Phone: _____

Address: _____

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 as established by East Carolina University Diving Safety Manual, and has demonstrated competency in the indicated areas. East Carolina University 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 ECU:

Date of Original OM diving Authorization: _____

Date of Scientific Diving Examination: _____

Dive Physical Due Date: _____

Max Depth Rating: _____

CPR/First Aid/ Oxygen Admin. Course Due Date: _____

Total Number of dives in the Past 12 months: _____

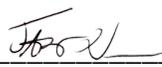
Max Depth in Past 6 Months: _____

Equipment Service Date: _____

Total Number of Dives/Career: _____

Special Authorizations: _____

Emergency Contact: _____

Sincerely,  _____

Date: ____/____/____
D M Y

Mark Keusenkothen
Director Diving and Water Safety

Jason Nunn
Diving Safety Officer