

**APPENDIX A-8
REQUEST FOR DIVING RECIPROCITY
VERIFICATION OF DIVER TRAINING AND EXPERIENCE**

A scientific diver that is currently certified under the auspices of an organized scientific diving program shall be recognized by NURC/UNCW and may apply for direct reciprocity in order to dive with the Center. At a minimum, the requesting organization must meet the OSHA exemption for scientific diving from commercial diving regulations. The visiting scientific diver will be required to comply with the diving regulations of the NURC/UNCW Scientific Diving Standards and Procedures Manual unless previously arranged by both organizations' Diving Control Boards.

NURC/UNCW has the right to approve or deny this request and may require, at a minimum, a checkout dive with the Center Diving Safety Officer (CDSO) or designee of NURC/UNCW. If the request is denied, NURC/UNCW will 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 diving examination
 ___/___/___ Last diving medical examination ___/___/___ Medical examination expiration
 ___/___/___ Scuba regulator/equipment service/test
 ___/___/___ CPR training (Agency) _____
 ___/___/___ Oxygen administration (Agency) _____
 ___/___/___ First aid training _____
 ___/___/___ Date of last dive

Number of dives completed within previous 12 months? _____ Depth certification _____ (fsw)
 Maximum dive depth in the last 12 months? _____ (fsw) Active in Program since ___/___/___
 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
_____ Rebreather	_____ Dive accident management	_____ Night
_____ Saturation	_____ Chamber operator	_____ Lifesaving
_____ Decompression	_____ Diver Medic (DMT)	_____ Other

Name of diver: _____

Emergency Information: (To notify in an emergency)

Name : _____
 Relationship: _____
 Address: _____
 Telephone: (work) _____ (home) _____

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

 (Name of organized scientific diving program)

Diving Safety Officer: _____
 (Signature) (Date)

 (Print Name) (Telephone)