



## CAUS Request for Diver Reciprocity

<b>DIVER name:</b>	<b>Department:</b>	<b>DATE:</b>
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This letter verifies that the above person has met the training and pre-requisites as indicated below; as described in both CAUS *Standard for Scientific Diving Safety* and the *University of Victoria Diving Safety Manual for Open Water Diving* and has demonstrated competency in the indicated areas.

**STATUS**

**Diver:**

Surface Safety Attendant \_\_\_ Diver-in-Training \_\_\_ Visiting Diver \_\_\_  
 Scientific Diver 1 \_\_\_ Scientific Diver 2 \_\_\_ Inactive \_\_\_ Other \_\_\_

**Supervisor:**

Yes \_\_\_ No \_\_\_  
 If yes, Scientific Diver 1 \_\_\_ Scientific Diver 2 \_\_\_

Certification	Issuing date	EXPIRY DATE	Issued by
Depth certification – Level 1 / Level 2			
Medical approval (1 or 2 yrs)			
Open water check-out w/ in water rescue training (1 yr)			
Dive accident management training (2yrs)			
CPR / First Aid Certification (2 yrs)			
Oxygen administration training (2 yrs)			
No. of dives in the last 6 months (Min. 1 to cert. depth)			
No. of dives in the last 12 months (Min. 12)			

**Comments:**

\_\_\_\_\_  
**Diving Officer Signature**

Email: [uvicdso@uvic.ca](mailto:uvicdso@uvic.ca)  
 University of Victoria

\_\_\_\_\_  
**Date:**

