University of Hawai'i
Diving Safety Program

REQUEST FOR LETTER OF RECIPROCITY

The University of Hawai'i Diving Safety Program, as an AAUS organizational member may generate a Letter of Reciprocity for a program diver in Active and current status, who will be diving as an official part of his/her role as a UH faculty, staff, student, or volunteer. An official Letter of Reciprocity may be requested by a diver to stand as a declaration of diving authorization with the UHDSP for the purpose of participating in diving activities with another AAUS Organizational Member Institution.

Note: Divers in Training, Visiting or Temporary divers are not eligible for reciprocity from the University of Hawaii Diving Safety Program. Divers in restricted status due to expirations and expired dive log submissions are not eligible for a Letter of Reciprocity until all expirations have been remedied.

Diver Name: _____ Date of Birth: _____
Phone: _____ Email: _____
Name of Organization: _____
Diving Officer: _____ Email: _____
Mailing Address: _____
Phone: _____ Fax: _____
AAUS Member Organization: Yes No
Project/Plan Name: _____
Project PI: _____ PI Email: _____
Department: _____
Period of Activity: Start Date: _____ End Date: _____
Description of Activities: _____
_____
_____
Other Participants: _____

MEANS OF TRANSFER: I request the LOR be exchanged via: *(Please check all that apply)*
Mail ☐ Fax ☐ E-mail ☐ Other: _____

DIVER'S AGREEMENT: By my signature, I agree to conduct diving activities within my authorizations and limits in keeping with my training and experience level. I understand my dive activities must adhere to both the University of Hawai'i Diving Safety Program standards and to those of my hosting institution. The host organization has the right to approve or deny this request and may require, at a minimum, a checkout dive with the Diving Safety Officer (DSO) or designee of the host organization.

I understand that my dive activities while on reciprocity are under the jurisdiction of the host institution and at the discretion of the host Diving Safety Officer. I agree to conduct myself in a manner that will support mutually beneficial interactions with other organizations and adhere to the policies for both the University of Hawaii and host institution.

I have read and understand the terms of this request and agreement. I understand it may take up to two weeks for the processing of this request and that if I am denied a Letter of Reciprocity, I will be informed as to the reasons for denial.

Diver Signature: _____ **Date:** _____

SUPERVISOR VERIFICATION: I verify that the diver listed above **WILL**: ☐ **WILL NOT**: ☐ be acting in an official capacity as UH faculty, staff, student or official volunteer during the above referenced diving. The diver **IS:** ☐ **IS NOT:** ☐ covered by UH General Liability and Workers' Compensation during this activity.

Supervisor Signature: _____ **Date:** _____

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Environmental Health & Safety Office
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