University of Hawaii Diving Safety Program
Request for Letter of Reciprocity

The University of Hawaii 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: _____

I request and authorize **The University of Hawaii Diving Safety Program** to release my diving information in the form of a **LETTER OF RECIPROCITY** to the recipient indicated below for the following proposed activities as a visiting diver:

Name of Organization: _____ Diving Officer: _____

Mailing Address: _____

City: _____ State/Country: _____ Postal: _____

Phone: _____ Fax: _____

Email: _____ AAUS Member Organization: ☐ Yes ☐ No

Project/Plan Name: _____

Project PI: _____ Department: _____

Period of Activity: FROM: _____ TO: _____

Brief 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 DSP authorizations and limits in keeping with my training and experience level. I understand my dive activities must adhere to both the University of Hawaii 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 Printed Name 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 Insurance during this activity.

_____ _____ _____

UH Supervisor Signature Printed Name / Phone Date

Please return signed release form to the University of Hawaii Diving Safety Program for processing
2040 East-West Road, Honolulu, HI, 96822 * Phone: (808) 956-9643 Fax: (808) 956-6952 * http://www.hawaii.edu/ehso/diving-safety/