CMAS-ISA P.O. Box 446 Montana 0151 South Africa

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Application for CMAS - ISA Advanced Wreck Instructor Certification

1. Personal Particular	rs of Ar	oplicant					
a) Surname:	name:		b) Nam				
c) ID Number:			d) Post	tal Address:	1		
,	e) Instructor Level 2 Star 3 Star						
f) Instructor Certificate No:							
g) Telephone (H)	one (H) Code:		Number:				
Telephone (W) Code:		Numbe	er:				
Telephone (Mobile)							
h) Fax No:	Code:		Numbe	er:			
i) E-mail address							
2. Requirements for (Certific	ation					
Requirement							Initial
a) I am at least 20 years of age.							
b) I hold a CMAS - ISA Instructor certificate.							
c) I hold a CMAS – ISA Wreck Diver Instructor certification of equivalent							
d) I hold a CMAS - ISA Advanced Wreck Diver certificate or equivalent							
e) I hold a CMAS – ISA Advanced Nitrox certificate or equivalent							
f) I have successfully completed at least 20 Advanced Wreck penetration dives.							
g) During the past 12-months, I have been certified as medically fit, by a medical practitioner,							
to participate in underwater sport.							
3. Declaration							
I, the above-mentioned, hereby declare under oath:							
	a) That the information provided above is						
correct and truthful							
b) That I do not have	g the						
	prescribed oath;						
	 That I regard the oath as binding on my conscience; and 						
•	Conscience, and That I understand that the CMAS-ISA m						
require me to subm			liay				
	upplied in this application fo			orm. Official Stamp of Commissioner of Oath.			
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Signed:	D:	ate:	5	Sianed:		Date:	
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