CMAS-ISA P.O. Box 446 Montana 0151 South Africa e-mail: <u>office@cmas.co.za</u> www.cmas.co.za



CMAS-ISA 3rd Road 397 Sinoville Gauteng Tel: +27 12 567 6229 Fax: +27 86 604 7750

Application for CMAS Advance Nitrox Instructor Certification International Qualification and C Card

a) Surname: b) Names: c) ID Number: d) Postal Address: e) Instructor Level 2 Star 3 Star f) Instructor Certificate No: g) Telephone (H) Code: Number: Telephone (W) Code: Number: Telephone (Mobile) h) Fax No: Code: Number: Initial g) Telephone (Mobile) Initial Initial h) Fax No: Code: Number: Initial g) I am at least 18 years of age. Initial Initial a) I am at least 18 years of age. b) I am an in date Instructor with CMAS - ISA Initial b) I am an in date Instructor with CMAS - ISA Initial Initial a) I hold a CMAS – ISA Basic Nitrox Instructor certificate or equivalent Initial c) I hold a CMAS – ISA Advance Nitrox Diver Certificate on equivalent Initial e) During the past 12-months, I have been certified as medically fit, by a medical practitioner, to participate in underwater sport Initial f) I have successfully completed at least 50 Nitrox Dives and 50 Advance Nitrox dives. Initial a) That the information provided above is correct and truthful; Initial b) That I do not have any objections taking the presc
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prescribed oath;
c) That I regard the oath as binding on my
conscience; and
d) That I understand that the CMAS-ISA may
require me to submit proof of any
information supplied in this application form. Official Stamp of Commissioner of Oath.
Signed: Date: Signed: Date:
Date Date DignedDate