

**CMAS-ISA**  
P.O. Box 446  
Montana  
0151  
South Africa  
e-mail: [office@cmas.co.za](mailto:office@cmas.co.za)  
[www.cmas.co.za](http://www.cmas.co.za)



**043-667-NPO**

**CMAS-ISA**  
3<sup>rd</sup> 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**

**1. Personal Particulars of Applicant**

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:	
i) E-mail address			

**2. Requirements for Certification**

Requirement	Initial
a) I am at least 18 years of age.	
b) I am an in date Instructor with CMAS - ISA	
c) I hold a CMAS – ISA Basic Nitrox Instructor certificate or equivalent	
d) I hold an CMAS – ISA Advance Nitrox Diver Certificate on equivalent	
e) During the past 12-months, I have been certified as medically fit, by a medical practitioner, to participate in underwater sport	
f) I have successfully completed at least 50 Nitrox Dives and 50 Advance Nitrox dives.	

**3. Declaration**

<p>I, the above-mentioned, hereby declare under oath:</p> <ul style="list-style-type: none"> <li>a) That the information provided above is correct and truthful;</li> <li>b) That I do not have any objections taking the prescribed oath;</li> <li>c) That I regard the oath as binding on my conscience; and</li> <li>d) That I understand that the CMAS-ISA may require me to submit proof of any information supplied in this application form.</li> </ul> <p>Signed: _____ Date: _____</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Official Stamp of Commissioner of Oath.</p> <p>Signed: _____ Date: _____</p>
---	--