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 – ISA Advanced Trimix Instructor Certification International Qualification and C Card

1. Personal Particulars of Applicant				
a) Surname:		b) Names:	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 20 years of age.				
b) I am a certified in date CMA-ISA Instructor				
c) I hold a CMAS – ISA Normoxic Trimix Instructor certificate or Equivalent				
d) I hold a CMAS – ISA Advanced Trimix Diver Certification or Equivalent				
e) During the past 12-months, I have been certified as medically fit, by a medical				
practitioner, to participate in technical underwater sport.				
f). I have successfully completed at least 24 Advanced Trimix dives of which a minimum				
of 10 in the depth range from 75 - 100 m				
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 any objections taking the				
prescribed oath;	ath an hinding on m			
c) That I regard the c	bath as binding on my	y		
conscience; and	that the CMAS ISA r			
d) That I understand that the CMAS-ISA may require me to submit proof of any		Пау		
information supplied in this application form.		form. Official Stamp of Commissioner of	of Oath	
Signed:	Date:	Signed:Date: _		