

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



043-667-NPO

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

**Application for CMAS Cave Diving Instructor 1 Status
(Cavern Diving Instructor)**

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 20 years of age.	
b) I hold a CMAS Cave Zone 3 certificate.	
c) During the past 12-months, I have been certified as medically fit, by a diving medical practitioner, to participate in underwater sport.	
d) I am a registered in-date Instructor with the CMAS-ISA.	
e) I have successfully completed at least 300 open water dives with a minimum of 100 cavern and cave dives in total of which 30 in the zone 2 and 20 caves dives in zone 3, of which minimum of 5 dives in the 40 m depth range in at least 5 different caves.	
f) I have a valid 1 st Aid and CPR certification from a nationally recognised organisation.	
g) I am a certified Advance Nitrox Diver.	
h) As a CMAS Instructor, I have certified at least 25 CMAS One Star Divers or a combination of One and Two Star divers	

3. DECLARATION

<p>I, the above-mentioned, hereby declare under oath:</p> <ul style="list-style-type: none"> a) That the information provided above is correct and truthful; b) That I do not have any objections taking the 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. <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>
---	--