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Application for CMAS – ISA Compressor Operator Instructor Certification

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

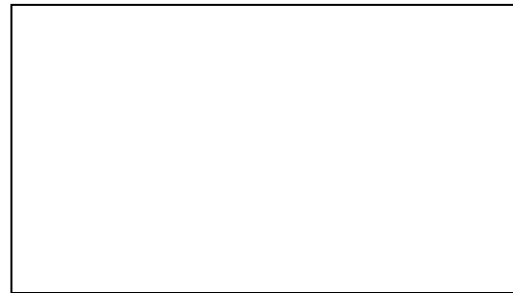
Requirement	Initial
a) I am at least 18 years of age.	
b) I am a certified in-date CMAS-ISA Instructor.	
c) I hold a CMAS - ISA Compressor Operator certificate or equivalent	
d) As a CMAS Instructor, I have certified at least 25 CMAS One Star Divers or a combination of One and Two Star divers.	

3. Declaration

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;
- 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.

Signed: _____ Date: _____



Official Stamp of Commissioner of Oath.

Signed: _____ Date: _____