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



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

Application for CMAS Night Diver 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 a certified in-date CMAS-ISA Instructor			
c) I hold a CMAS - ISA Night Diver certificate or equivalent certificate			
d) I have successfully completed at least 10 open water night dives.			
e) During the past 12-months, I have been certified as medically fit, by a medical practitioner,			
to participate in underwater sport.			
3. Declaration			
I, the above-mentioned, hereby declare under oath:			
a) That the 'sformer the encoded at the second			
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	att as binding on my		
	that the CMAS-ISA m	nav	
require me to submit proof of any			
	d in this application f	form. Official Stamp of Commissioner of Oath.	
Signed:	Date:	Signed:Date:	