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APPLICATION FOR CMAS NITROX GAS BLENDER INSTRUCTOR STATUS

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 | Yes | No | Initial |
|--|-----|----|---------|
| a) I am at least 18 years of age. | | | |
| b) I am a registered in date Instructor with CMAS - ISA | | | |
| c) I hold a CMAS-ISA Compressor Operator Instructor certificate or equivalent, | | | |
| d) I hold a CMAS-ISA Basic Nitrox Instructor certificate or equivalent. | | | |

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: _____