

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- ISA O2 Administration 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 hold a CMAS - ISA Instructor certificate.			
c) I hold a CMAS - ISA O2 Administration or DAN O2 Provider certificate.			
e). I hold a CMAS – ISA Rescue Diver certificate or Equivalent			
d) During the past 12-months, I have been certified as medically fit, by a medical practitioner, to participate in underwater sport.			
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; width: 100%; height: 100%; margin-bottom: 10px;"></div> <p>Official Stamp of Commissioner of Oath.</p> <p>Signed: _____ Date: _____</p>	