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 3<sup>rd</sup> Road 397 Sinoville Gauteng Tel: +27 12 567 6229 Fax: +27 86 604 7750

## Application for CMAS – ISA Wreck I Diver Instructor Certification

1. Personal Particulars of Applicant				
a) Surname:		b) Names:	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 Wreck Diver certificate or equivalent certificate				
d) I hold a CMAS - ISA Nitrox Diver certificate or equivalent certificate				
e) I have successfully completed at least 10 open water Wreck survey dives.				
f) 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 information				
correct and truthful;				
b) That I do not have any objections taking the		g the		
prescribed oath;				
c) That I regard the oath as binding on my				
conscience; and				
<ul> <li>d) That I understand that the CMAS-ISA management require me to submit proof of any</li> </ul>		nay		
	ed in this application f	form. Official Stamp of Commissioner of Oath.		
information supplie	u in this application i			
Signed:	Date:	Signed:Date:		
			—	