


CMAS - ISA		CMAS - ISA	
P.O. Box 446		3 rd Road 397	
Montana		Sinoville	
0151		0182	
Gauteng		Tel. No: 012 567 6229	
South Africa		Fax No: 086 604 7750	
Email: office@cmas.co.za	Website: www.cmas.co.za	Revision: July 2007	Form 5-2
Instructors Registration Form			
Surname:		First Names:	
I.D. Number:		Instructor No:	
Postal Address:		Cell Phone No:	
		Home No:	
Postal Code:		Work No:	
E – Mail Address:		Fax Number:	
Club / Dive School		Region:	
Please Submit CMAS Diving Qualifications:			
Qualification	Certificate Number	Qualification	Certificate Number
Snorkel Diver:		Search and Recovery:	
One Star Sport Diver:		Shark Specialty:	
Two Star Adv Diver:		Deep Diver:	
Three Star Diver:		Nitrox Diver:	
Four Star Diver:		Drysuit Diver:	
Compressor Operator:		Adv Nitrox Diver:	
Gas Blender:		Cave Diver Zone 1:	
Photographic Diver:		Cave Diver Zone 2:	
Night Diver:		Cave Diver Zone 3:	
Rescue Diver:		Wreck Diver 1:	
O2 Administration		Wreck Diver 2:	
OC Rebreather		CC Rebreather:	
Name and Number of any Other Diving Certificates:			
Qualification	Certificate No:	Qualification	Certificate No:
1).		6).	
2).		7).	
3).		8).	
4).		9).	
5).		10).	
DECLARATION:			
I hereby declare that:			
1). I am medically in – date and fit to act as Instructor for CMAS-ISA			
2). I have been involved in at least two { 2 } CMAS – ISA approved Diver or Specialty Training Programs during the previous year of registration.			
Signed:		Date:	