

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 Drysuit Diver 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 a registered CMAS - ISA In date Instructor.	
c) I hold a CMAS - ISA Drysuit Diver certificate or equivalent	
e) I have successfully completed at least 30 open water Drysuit dives at a depth of 30 m.	
d) 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 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: _____