



ANDIINTERNATIONAL



Instructor Trainer Application & Renewal YEAR 2017 **ANDI International**

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This form must be completed and returned to ANDI HQ before teaching any courses in 2017. No certifications will be processed from non-teaching status instructors. IT's who did not renew in 2016 are not eligible to renew in 2017.

Name _____ **ANDI**No. _____
[Last Name][First Name] [Middle Name]

Address _____

City / State / Zip Code / Country _____

Telephone: Home _____ Business _____ FAX _____

E-Mail / Website address _____ Please check here if any information above has changed

Instructor Trainer Cert. Level: Level 1 Level 2 Level 3 Level 4 Level 5

Safe Air Rebreather Other Specialty _____

IT Certification Date _____ IT Director, Name & No. _____

In accordance with ANDI General Standards, I certify that I have and will continue to comply with ANDI's professional liability insurance requirements for teaching status instructors and with all local laws and RHQ regulations regarding liability insurance. I have included with this application proof of my insurance coverage which specifically names ANDI as an additional insured.

Signature **X** _____ Date _____

You MUST maintain Active Teaching Status to conduct *ANDI* courses & to train students for certification. **Check A, B, C, or D:**

- A.** I renewed my teaching status in 2016 and complied with ANDI training standards and procedures.
- B.** I became a certified ANDI Instructor Trainer in 2016.
- C.** I have conducted Instructor courses at the IT level being renewed for during the last 12 months
- D.** I have attended an ANDI Update by an ANDI Instructor Trainer Director during 2015 or 2016.

Date(s) of attendance _____ Instr. Trainer Director Name & No. _____

Annual Renewal Fee: US \$295.00 After January 15th 2017 \$340.00 PAYMENT METHOD: (please check ONE only)

Check or money order payable to **ANDI International** in US Dollars.

Visa Card Number _____ CV2/CSC _____ Exp.Date _____

MasterCard Card Holder Name _____

Other _____ Signature **X** _____

PLEASE READ, SIGN AND DATE :

I certify that I have met the requirements for certification and membership according to current *ANDI* standards. The information on this form is current and accurate to the best of my knowledge and belief. I agree to comply with the **current ANDI General Course Standards** and Facility Standards and will maintain a current set of ANDI documentation appropriate to the level(s) of my certification(s) listed above.

Signature **X** _____ Date _____