



# Instructor Renewal Application

FOR CALENDAR YEAR 2015

**ANDI International**

74 Woodcleft Ave., Freeport NY 11520 USA

516-546-2026 • fax: 516-546-6010 e-mail: [ANDI@andihq.com](mailto:ANDI@andihq.com)

Website : [www.andihq.com](http://www.andihq.com)

This form must be completed and returned to **ANDI HQ** before teaching any courses in 2015. No certifications will be processed from non-teaching status instructors. Instructors who did not renew in 2014 are not eligible to renew in 2015.

**Annual Renewal Fee (prior to 15 Jan. 2015): US\$ 195.00 USA address / US\$ 225.00 non - USA address**

**Annual Renewal Fee (after 15 Jan. 2015) US\$ 240.00 / US\$ 270.00 non - USA address**

Name \_\_\_\_\_ **ANDI** No. \_\_\_\_\_  
[Last Name] [First Name] [Middle Name]

Address  Home  Business \_\_\_\_\_

City / State / Zip Code / Country \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ FAX \_\_\_\_\_

Affiliated Facility / \_\_\_\_\_ Facility # \_\_\_\_\_

Your E-Mail / \_\_\_\_\_  Please check here if any information above has changed since your last renewal

**Instructor Certification Level:**  Level 1  Level 2  Level 3  Level 4  Level 5

**Instructor Type:**  Open Water Series  SafeAir Series  Rebreather Series  Dive Medic Series

Specialty \_\_\_\_\_

Certification Date \_\_\_\_\_ IT Name & No. \_\_\_\_\_

I certify that I have and will continue to comply with ANDI RHQ's professional liability insurance requirements for teaching status instructors and with all local laws and regulations regarding liability insurance requirements. 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 and to train students for certification. **Check all applicable:**

- I renewed my teaching status in 2014 and complied with **ANDI** training standards and procedures.
- I became a certified **ANDI** Instructor during calendar year 2014.  I did not renew my license in 2014
- I attended one or more of the following during the last 12 months: (check all that apply):
  - All segments of an **ANDI** Instructor Program for the rating applied.
  - An **ANDI** Update conducted by an **ANDI** Instructor Trainer.  An **ANDI** Crossover Workshop Program

Date(s) of attendance \_\_\_\_\_ Instr. Trainer Name & No. \_\_\_\_\_

**PAYMENT METHOD: (please check ONE only)**

- Check or money order in US Dollars only, payable to: **ANDI International**
- Visa Card Number \_\_\_\_\_ CV2/CSC \_\_\_\_\_ Exp.Date \_\_\_\_\_
- MasterCard Card Holder Name \_\_\_\_\_
- Am Ex 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 \_\_\_\_\_