



ANDIINTERNATIONAL



Instructor Trainer Application & Renewal YEAR 2015

ANDI International

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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. IT's who did not renew in 2014 are not eligible to renew in 2015.

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

SafeAir 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 2014 and complied with **ANDI** training standards and procedures.
- B.** I became a certified **ANDI** Instructor Trainer in 2015.
- 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 2013 or 2014.

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

Annual Renewal Fee: US \$295.00 After January 15th 2015 \$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 _____