



# Instructor Trainer Application & Renewal

YEAR 2022

## ANDI International

74 Woodcleft Ave., Freeport NY 11520 USA

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**This form must be completed and returned to ANDI HQ before teaching any courses in 2022. No certifications will be processed from non-teaching status instructors. IT's who did not renew in 2021 are not eligible to renew in 2022.**

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 all that apply.**

- A.** I renewed my teaching status in 2021 and complied with ANDI training standards and procedures.
- B.** I became a certified ANDI Instructor Trainer in 2021.
- 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 2020 or 2021.

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

**Annual Renewal Fee: US \$395.00** After January 15<sup>th</sup> 2022 \$450.00 **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 \_\_\_\_\_