



ANDIINTERNATIONAL

Instructor Renewal Application

FOR CALENDAR YEAR 2025

ANDI International

74 Woodcleft Ave., Freeport NY 11520 USA

Phone: 516-546-2026 Fax: 516-546-6010 E-mail: ANDI@andihq.com Website : www.andihq.com

This form must be completed and returned to **ANDI HQ** before teaching any courses in 2025. No certifications will be processed from non-teaching status instructors. Instructors who did not renew in 2023 or 2024 are not eligible to renew in 2025.

Annual Renewal Fee (prior to 13 Jan. 2025): US\$ 195.00 USA address / US\$ 225.00 non - USA address

Annual Renewal Fee (after 13 Jan. 2025) 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 2023 or 2024 and complied with **ANDI** training standards and procedures.
- I became a certified **ANDI** Instructor during calendar year 2024. I did not renew my license in 2024.
- 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 _____