



# Instructor Trainer Application & Renewal

YEAR 2025

**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 2025. No certifications will be processed from non-teaching status instructors. IT's who did not renew in 2024 are not eligible to renew in 2025.**

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 2024 and complied with **ANDI** training standards and procedures.
- B.** I became a certified **ANDI** Instructor Trainer in 2024.
- 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 2023 or 2024.

Date(s) of attendance \_\_\_\_\_

Instr. Trainer Director Name & No. \_\_\_\_\_

**Annual Renewal Fee: US \$395.00** After January 13<sup>th</sup> 2025 \$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 \_\_\_\_\_