



Leadership Renewal Application FOR CALENDAR YEAR 2026

ANDI International

74 Woodcleft Ave., Freeport NY 11520 USA

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

First time Registration Fee: US\$ 25.00 USA address only / US\$ 40.00 non - USA address

Annual Renewal Fee (prior to Jan 13, 2026):US\$ 25.00 USA address only / US\$ 40.00 non - USA address

Annual Renewal Fee (after Jan 13, 2026):US\$ 45.00 USA address only / US\$ 60. 00 non - USA address

Name _____ ANDI No. _____
[Last Name] [First Name] [Middle Name]

Address _____

City / State / Zip Code / Country _____

Affiliated Facility / _____ Facility # _____

Telephone: Home _____ Business _____ FAX _____

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

Leadership Certification Level: Original Certification Date _____ Instructor Name & No. _____

Divemaster for : Open Water SafeAir Rebreather Technical Certification Level _____

Assistant Instructor for : Open Water SafeAir Rebreather Technical Certification Level _____

Specialty Ratings _____

I certify that I have and will continue to comply with **ANDI** RHQ's professional liability insurance requirements, **ANDI** General Course Standards and Facility Standards and will maintain a current set of **ANDI** training materials and standards documents appropriate to the level(s) of my certification(s) as listed above. I have included with this application, proof of my insurance coverage if required by my RHQ which specifically names **ANDI** as an additional insured. I agree to comply with the current

Signature **X** _____ Date _____

You MUST be recommended by a currently licensed **ANDI** Instructor to confirm your continued activity while working through a current **ANDI** Training Facility. **Check all applicable:**

- I renewed my **ANDI** membership in 2024 or 2025 and complied with **ANDI** training standards and procedures.
- I did not renew my membership license in 2025 I became certified at a Leadership level during calendar year 2025.
- I attended one or more of the following during the last 12 months: (check all that apply):
 - All segments of an **ANDI** training program conducted by a licensed instructor 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** _____

I certify that the above **ANDI** member has been performing under my direction in accordance with **ANDI** standards.

Instructor Signature **X** _____ **ANDI** # _____