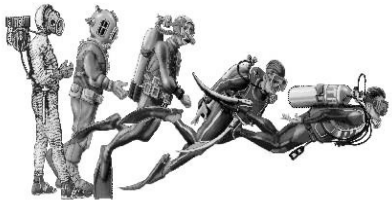

Instructor Trainer Application & Renewal

YEAR 2010

ANDI International

74 Woodcleft Ave., Freeport NY 11520 USA

Tel : 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 2010. No certifications will be processed from non-teaching status instructors. IT's who did not renew in 2009 are not eligible to renew in 2010.

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 2009 and complied with ANDI training standards and procedures.
❒ **B.** I became a certified ANDI Instructor Trainer in 2009.
❒ **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 2008 or 2009.

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

Annual Renewal Fee: US $200 PAYMENT METHOD: (please check ONE only)
❒ Check or money order payable to ***ANDI*** **International** in US Dollars.
❒ Visa Card Number_____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 _____