

KISS Rebreather LLC - Instructor Registration Form

All individuals who wish to teach the KISS Rebreather training courses, must fill in this form and register with KISS Rebreather LLC. All sections must be completed, and all required documents submitted. All KISS instructors must train with an approved training agency, and have completed all training agency requirements.

Date: _____

Instructor personal information required:

Instructor Name: _____

Business Name (if applicable): _____

Address (full mailing address): _____

Email address: _____

Telephone number, with country code: _____

Information required if you are teaching for a business that owns the KISS rebreather:

Business name: _____

Business owner/manager name: _____

Address: _____

Telephone number: _____

Email address (of manager or owner): _____

Provide a full list of training agencies qualified to teach through, instructor numbers, and for each agency, list the highest level KISS course you are certified to teach.

List all KISS rebreathers currently owned, along with serial numbers:

All KISS Instructors and Instructor Trainers are required to own the specific KISS rebreather that they are certified to teach on. The only exception is where the instructor is employed by a company that owns the rebreather, the unit is on-site with the instructor, and they have direct access to it.

Proof of currency and insurance:

All instructors are required to be in active status with all of the training agencies in which they wish to teach. This requires the instructor to be fully insured, and current with the training agencies. It also requires the instructor to have taught a KISS course within the last 2 years, and at their highest level on a RESA approved CCR within the last 2 years.

- Provide a printout from each training agency, which shows active status, and fully insured.
- Provide a printout from each training agency showing your certifications for the last 2 years.

KISS Certification Check Sheets:

All Instructors must fill in the applicable check sheet for each course that they teach, with both the Instructor and the student signing off on the completed form. The form must be completed in full. Once the course is complete, the form must be emailed to info@kissrebreathers.com in order to complete the divers certification.

Instructor Name: _____

Instructor Signature: _____

Date Signed: _____

PLEASE PRINT CLEARLY - IF WE CAN'T READ YOUR WRITING, WE CAN NOT PROCESS THIS FORM.
THANK YOU!