



Certificate Registry Number

--- Filled by ISSA---

www.issa.global

ISSA Leisure Certificate Application Form

CERTIFICATE	SAIL	POWER	SPECIAL	
Yacht Crew	<input type="checkbox"/>	<input type="checkbox"/>	SRC/ VHF	<input type="checkbox"/>
Inland Skipper	<input type="checkbox"/>	<input type="checkbox"/>	Radar	<input type="checkbox"/>
Inshore Skipper	<input type="checkbox"/>	<input type="checkbox"/>	Sea Survival	<input type="checkbox"/>
Offshore Skipper	<input type="checkbox"/>	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
Master of Yacht	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Skipper	<input type="checkbox"/>

Applicant's Full Name	
Applicant's e-mail Address	
Certificate Delivery Address	
Training Course Organizer	
(i) Instructor's Full Name & ISSA Instructor Number	
(i) Timing and Location of Training Course	
Examiner's Full Name & ISSA Instructor Number *	
(i) Date and Location of Assessment	

* Only in case the Examiner and the Instructor are not the same person

By signing the form the Applicant agrees that his/her data is processed by ISSA for the purpose of providing you with the certificate of competency that you request as well as to keep you updated and notify you of any directly related information.

Applicant's Signature

Instructor's Signature

(i)