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## WEATHER ENDORSEMENT INSTRUCTOR QUALIFICATION APPLICATION

Please type or print all information <u>clearly</u>. Applicants fully complete all sections. Fax: *Attention Clinic Coordinator* 

## I. PERSONAL DATA:

| First Name  |  |                     |   |            |      |
|---|--|---------------------|---|------------|------|
| Shipping Address UPS d  | elivery (No P.O.                                       | Boxes)              |   |            |      |
| City  | State  | Zip                 | Email   |            |      |
| Telephone: Residence: (_  | )  | Bus                 | iness: ( )                                      |            |      |
| Birth date://   |  |                     |   |            | /    |
| II. CLASS/TEST L<br>schedule an exam. Ple<br>for being the proctor. |  |                     |   |            |      |
| Which School/Libraria   | n location will  | proctor your exam   | 1?  |            |      |
| Facility Name   |  |                     | Phone (_  |            |      |
| Address   |  | Ci                  | ty  | _State Zip |      |
| Contact Person Name:  | please   | e print clearly     |   | Dates:     |      |
| Contact telephone (if differe                                       | ent from facility):                                    | ()                  | Contact Ema                                     | il:        |      |
| <b>III. Prerequisites:</b> B<br>Instructor levels. <u>No</u>        |  | · /                 | e current No exce                               | ptions.    |      |
|   | n and a Serial   |                     | s DVD - Include the<br>ation - Modern Mar       |            |      |
| Contact AS automatical  | A for internately be added to or Overnight UPS C UPS 2 | o your total clinic | osts. Shipping fees to cost. Note: <u>Hawai</u> |            | t be |



## PLEASE INCLUDE THE SHIPPING FEES:

TOTAL \$ \_\_\_\_\_.00

## **Method of Payment**

| Check or M. O Visa                       | MasterCard American Express Discover   | _       |
|--|--|---------|
| Card Number                              | Expiration   |         |
| Security Co                              | le   |         |
| not refundable, (please init             | our completed application. I understand and agree that my Fees a l) these fees are non-refundable unless I am not accepted for enrete requirements. I hereby certify that the information I have precorrect. | ollment |
| accepting compensation for teaching sail | tate Boating Laws that may require additional licensing if I aming. I understand that once I am an ASA Weather Endorsement students through an ASA Affiliate School.   |         |
| Signature                                | Date   |         |