



Pool Operator Training

575 Christiana St.
North Tonawanda, NY 14120-6203
Ph: 716.830.8865
E-mail: info@pooloptraining.com

Certified Pool/Spa Operator® Course Individual Registration Form

Instructions:

1. **PRINT** all information. **Home address is required** as the book and study materials are mailed there.
2. Per person fee: **\$395** per person (\$420 if received late).
4. Payment must be included if paying by check. Fill out the form below **completely** and mail this form with a check made payable to: **Pool Operator Training** to the address at the top of the form.
5. If paying by **PO # _____**, e-mail this form and PO to **info@pooloptraining.com** or mail it to the address at the top of this form. An invoice will be sent to the address below.
6. This Registration Form and either the check or PO must be received at least **14 days** prior to class.

Please Note:

1. Above fee includes emailing certificates from the Pool & Hot Tub Alliance to students only.
2. Textbooks can be sent to the Company/Facility Contact. See below.

Course Information (please print all information)

Course Location (City):	State:
Course Dates:	, 2026

Company/Facility Contact Information (All information is required. Please print.)

Company Name:		
Contact Name:	Title:	
Address:	Phone: ()	
City:	State:	Zip +4:
Contact E-mail:		

Handbook Mailing: YES, please send me, the **Company/Facility Contact** listed above, the textbook & study materials for those registered. By checking here (), I agree to distribute packets to staff within 24 hours of receipt of books by our office.

Student Information. All information is required. Please print.

First Name:	MI:	Last Name
Home Address:		
Address 2:		
City:	State:	Zip+4:
Home Ph: ()	Cell: ()	Certified Before? Y N

REQUIRED: E-Mail: _____@_____

Certificates will be sent here ONLY. Paper copies will not be mailed via the US Postal Service.

Please copy for your records.