



Pool Operator Training

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Ph: 716.830.8865
E-mail: info@pooloptraining.com

Certified Pool/Spa Operator® Group Registration Form & Company Information

This form is to be used for company contact, course and payment information and when registering more than one person from your organization. If you need additional space, use additional forms. Thank you.

Instructions:

1. Please **PRINT** all information clearly.
2. If people from another division or branch will be attending, they may fill out another Group Registration Form & Company Information with different company and contact information and purchase order number separately.
3. **Home address is required** as the book and study materials are mailed there.
4. Per person fee: **\$350**
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 Purchase Order # _____ you may e-mail this completed registration form and PO to **info@pooloptraining.com** or mail it to the address at the top of this form.
6. This Registration Form and either the check or PO must be received at least 14 days prior to class.
7. Registrations received after the deadline will be assessed an additional \$25 per person late registration fee.
8. Use this form if more than one person is registering, copying it if needed.

Special Considerations for Virtual / Zoom courses:

1. *Tablets, ChromeBooks, iPads are not allowed to be used—only (PC) laptops or workstations.*
2. *The virtual Zoom™ classes require each student have their own computer with internet access and functioning camera, microphone and speaker. Preferred browsers: Microsoft Edge, Internet Explorer, Firefox, Chrome.*
3. *The Zoom™ app may need to be downloaded so please do this prior to class.*
4. *Be sensitive of your testing environment. If in a business setting be certain your business firewall and workstation conform to testing requirements as PeopleCert will attempt to download and install a secure browser.*
5. *If there is any doubt regarding your network stability, or if you cannot set up and configure a computer or perform basic computer tasks or transactions, please have someone on-site throughout the course, including during the exam or consider an "in-class" class.*

Course Information (please print all information)

Course Location (City):	State:
Course Dates:	, 20 _____

Company & Contact Information (please print all information)

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

To register people, see reverse side.

Total # Registered: _____

Certified Pool Operator® Group Registration Form

Instructions:

1. Please **PRINT** all information. All information is required, (For virtual / Zoom class format, students will receive Zoom links to access the class, codes for exams or other important information.
2. Use this form when registering more than one person from your organization.
3. **Addresses must be home addresses as this will be used to mail pre-course materials and certificates.**

#:	First Name:	MI:	Last Name
Home Address:			
Address 2:			
City:		State:	Zip:
Home Phone: () -		Cell Phone: () -	Certified Before? Y N
Required: E-Mail (that is checked daily):			
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Home Address:			
Address 2:			
City:		State:	Zip:
Home Phone: () -		Cell Phone: () -	Certified Before? Y N
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