



Pool Operator Training

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Certified Pool/Spa Operator® Course Individual Registration Form

Instructions:

1. Please **PRINT** all information clearly.
2. **Home address is required** as the book and study materials are mailed there.
3. Per person fee: **\$350** (\$375 if received after the registration deadline.)
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. If more than one person is registering, copy this form or call us for the Group Registration Form.

Special Considerations for Virtual / Zoom courses:

1. Chromebooks, iPads are NOT permitted—only Windows PC/laptops; Google Chrome is required for exam.
2. *The virtual Zoom™ classes require students have their own computer with internet access, functioning camera, microphone and speaker. Preferred browsers for Zoom: Microsoft Edge, Internet Explorer, 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.*
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, manage screen views, etc. 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/Facility Information (All information is required. Please print.)

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

Student Information (All information is required. Please print.)

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

Please copy for your records.