



# Pool Operator Training

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

## **Certified Pool/Spa Operator® Group Registration Form**

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. Home address is required as the book and study materials are mailed there.
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. Per person fee: **\$375 per person** (\$405 if certificates mailed to employer); add \$25 per person 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 Purchase Order # \_\_\_\_\_ 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. Use this form if more than one person is registering, copying it if needed.

### **New for 2025:**

1. Above fee includes emailing certificates to students from the Pool & Hot Tub Alliance.
2. Certificates will be sent **ONLY** to Student emails. Paper copies will **NOT** be mailed via the US Postal Service.
3. **OPTIONAL FOR EMPLOYERS, #1:** Since many employers maintain records of employee's professional licenses and certifications, you may now have certificates e-mailed to the you at a cost of \$30.00 per person. If you opt for this, please indicate below.
4. **OPTIONAL FOR EMPLOYERS, #2:** Textbooks can be sent to the Company/Facility Contact.

### **Course Information** (please print all information)

Course Location (City):

State:

Course Dates:

, 20 \_\_\_\_\_

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

Company Name:

Contact Name:

Title:

Address:

Phone: (     )     —

City:

State:

Zip:

Contact E-mail:

**Option #1: YES**, please email me, the **Company/Facility Contact** listed above, a pdf of the student's certificate listed on this form. By checking here (     ), I agree to be billed \$405 per person; plus +\$25 if registration received late.

**Option #2: 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 the day they are received by our office.

To register people, see reverse side.

Total # Registered: \_\_\_\_\_

## **Certified Pool Operator® Group Registration Form**

### **Instructions:**

1. Please **PRINT** all information. All information is required,
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.**
4. **NOTE: Certificates will be sent to Student emails. Paper copies will NOT be mailed by the US Postal Service.**

1	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):			
2	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):			
3	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):			
4	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):			
5	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):			