



AQUATIC POOL INSPECTIONS
CERTIFIED POOL OPERATOR COURSE (CPO)
REGISTRATION FORM

First Name: _____ Last Name: _____ M.I: _____

Title: _____

Business Name: _____

Business Address: _____

Business City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Home Address: _____

Home City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Indicate Date and Location of Course: _____

Fee: _____

CPO Registration \$295

CPO Registration & Math workbook \$320

PAYMENT METHOD: VISA/MC/AMEX/DISCOVER _____ PAYPAL _____ CHECK ENCL _____

CREDIT CARD NUMBER: _____

EXP DATE: _____ SEC CODE: _____ BILLING ZIP: _____

Print form and send completed registration along with payment to:

[Aquatic Pool Inspections LLC P.O BOX 177 Franklin Lakes, NJ 07417](mailto:info@aquaticpoolinspections.com)

Office: 201-891-5242

Fax: 201-425-1321