



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