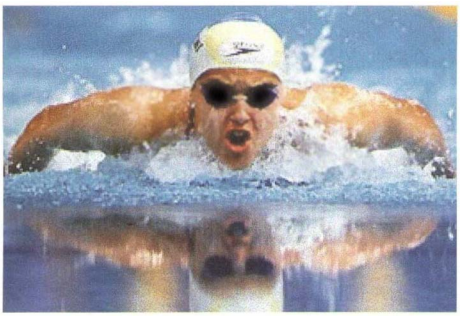
P.O. Box 433, Manchester WA 98353
Tel: (360) 769-2530 Fax: (360) 871-6871
Email: admin@tmiaquatics.com

Certified Pool Operator® Training Course



Is your pool operating at its peak?
Is your pool operating safely?
Do you want to be sure?

Now is the time to have a CPO® at your site

State health codes specify that "**Every pool shall be under the supervision of a person who is fully capable of and shall assume responsibility for, compliance with all the requirements relating to pool operation, maintenance and safety of bathers."**

The **Certified Pool Operator®** course through the **Pool & Hot Tub Alliance** is a nationally recognized-training program for the commercial pool or spa operator. Successful completion of this two-day course gets the professional pool operator a five-year certification and permanent registration number. This certification demonstrates the pool operator understands how to safely operate and maintain the pool/spa at maximum efficiency.

Books and tests are available in Spanish if needed. Books and tests in Spanish must be requested at least 6 weeks prior to class date.

This two-day course benefits pool operators, supervisors, aquatic managers and directors alike.
It includes all course materials, handouts, and certification fees.
The fee is **$413.25** per person (fee includes tax).

We accept all major credit cards or checks.. Call Cathy with questions or to book at 360-769-2530. **All attendees must prepay.**

Get the most from your pool or spa! Be ***safe;*** be ***clean;*** be ***efficient!***

TMI CPO Course:
December 2-3, 2026

8:00 AM - 5:30 PM Both Days

LOCATION:
City of Fife
2111 54th Ave E
Fife, WA 98424
Room 1

INSTRUCTOR:
Cathy Erntson
email: CPO@tmiaquatics.com

CPO® REGISTRATION FORM

Please fill out this side of the form for class attendees

Fax this application with Credit card details to: (360) 871-6871, email: CPO@tmiaquatics.com
or mail completed application with check to: TMI, P.O. Box 433, Manchester WA 98353

Please bring your own calculator, pencil and notebook paper.

COMPANY NAME: _____ Admin Contact Person: _____

Admin Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone Number: _____ Fax: _____

Class Attendee 1

Attendee Name: _____ Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone Number: _____ Position: _____

Additional Person #2

Attendee Name: _____ Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone Number: _____ Position: _____

CUSTOMER PAYMENT INFORMATION

CREDIT CARD

Credit Card #:

☐ Visa ☐ Mastercard
☐ Amex ☐ Discover

Expiration Date

MO Year Security Code

Billing Address:

*for credit card

Street:

Total :

City: State: Zip:

E-mail Form

Check in Mail: ☐ (please mark if Check will be mailed.) Amount Enclosed _____ # of people _____

Print Form