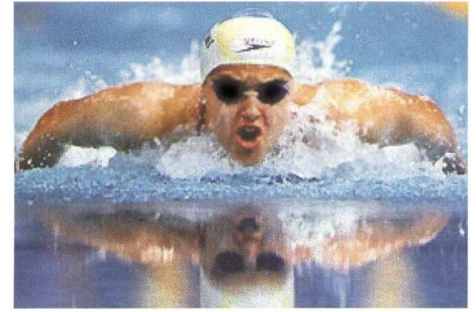




P.O. Box 433, Manchester WA 98353  
Tel: (360) 769-2530 Fax: (360) 871-6871  
Email: [admin@tmiaquatics.com](mailto:admin@tmiaquatics.com)



## 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 **\$406.13** 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:  
**May 12-13, 2025**

**8:00 AM - 5:30 PM Both Days**

LOCATION:  
**Holiday Inn Yakima  
802 E Yakima Ave  
Yakima, WA 98901**

INSTRUCTOR:  
**Cathy Erntson  
email: [CPO@tmiaquatics.com](mailto: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: \_\_\_\_\_

**Additional Person #3**

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:**

Street: \_\_\_\_\_

Total :

**\*for credit card**

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Check in Mail:**

(please mark if Check will be mailed.)

Amount Enclosed \_\_\_\_\_

# of people \_\_\_\_\_