



Aquatic Training & Consulting Services
448 W South Street
Frederick, MD 21701
301-760-7114
info@aquatictrainingservice.com

On-Site Pool Operator Training

Offered by **Aquatic Training and Consulting Services**, this is a State of Maryland approved certification course. There is also reciprocity with many jurisdictions in Virginia, Delaware, and D.C.. Depending on the jurisdiction, ATCS can administer the exam or the local Health Department may require that the exam be taken at their specified location.

\$1000 flat fee for up to 8 participants. **\$100.00** for each additional participant.

There is no minimum or maximum number of people required for this course. A textbook and handouts are included in the course fee.

In Maryland, the State allows two opportunities to pass the exam. If a second exam is required, there will be an additional **\$25.00** fee or those who need to retake the test may choose to come to Frederick to retake the test for no additional charge. We will make arrangements as necessary

One-half of the flat fee is required five business days prior to the start of class. This is non-refundable, unless the class is cancelled at least 5 business days prior to the start of class.

The \$25.00 per person materials fee and the remaining flat fee is due by the end of the class **PRIOR** to the test. **EXAMS will not be administered and Certificates will not be provided until FULL payment is received.**

*****Some Health Departments charge a fee to obtain the County license. This fee IS NOT included. These fees are created by and payable to the local jurisdiction.*****

For all classes outside of a 75-mile radius of Frederick County, Maryland, there will be an additional \$30.00 fee PER TRIP.

Refunds cannot be given for a participant who decides he/she no longer wishes to continue in a course in which they are participating. Attendance is **MANDATORY** for all dates of all sessions.

Should a participant become ill or should there be another **EMERGENCY** that precludes them from completing the course, every attempt will be made to allow them to make-up the material. Any student in these circumstances will be permitted to complete the course at another facility. **Aquatic Training and Consulting Services** will make every *reasonable* accommodation necessary to complete the training.

Please complete the attached form and return it to Aquatic Training Services via mail, fax (240) 668-9449, or email rob@aquatictrainingservice.com. You will be contacted by our representative to schedule your class. ***We look forward to working with you.***

Credit Card Payments can be made at www.aquatictrainingservice.com/pay.

Aquatic Training and Consulting Services
Request for On-Site Pool Operator Training

Receipt Date: _____ Contacted on: _____ By: _____

Office Use Only

Facility Name: _____

Facility Representative: _____

Address: _____

Contact Phone: _____ **Contact Fax:** _____

E-mail Address: _____

County / State: _____

Class Preferences: *Please check one per line*

1.) Weekdays Weekends Evenings

2.) Two 7-hour classes One 14-hour class

Desired Date of Completions, if any: _____

Estimated Number of Participants: _____

(We must have an exact count of participants 5 Business Days PRIOR to class start date)

Please Provide dates that would work well for your facility: _____

Facility Representative Signature: _____

Title: _____ **Date:** _____

You will be contacted by a representative of Aquatic Training and Consulting Services to discuss final scheduling. To guarantee your final scheduling, we must receive the deposit (as stated on pg 1) FIVE DAYS PRIOR to the scheduled start date.

Scheduled Dates: _____

Initials: _____ **Date:** _____

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