



*Aquatic Training & Consulting Services*  
448 W South Street  
Frederick, MD 21701  
301-760-7114  
[info@aquatictrainingservice.com](mailto:info@aquatictrainingservice.com)

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## ***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, West Virginia, 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.

**\$500 flat fee** for up to 6 participants. **\$50.00** for each additional participant.

In addition, there is a **\$24.00 materials fee per person**. There is no minimum or maximum number of people required for this course. A textbook and handouts are included in the materials 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 \$24.00 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 [aquatictraining@aol.com](mailto:aquatictraining@aol.com). You will be contacted by our representative to schedule your class. ***We look forward to working with you.***

***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 6-hour classes  Three 4-hour classes

**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:** \_\_\_\_\_

*Office Use Only*