



P.O. Box 92366 Nashville, TN 37209  
(714) 425-5747 (714) 276-9666 Fax

# AIMS Certification Renewal Application

(check all that apply):

### Maintenance

- Level I
- Level II
- Level III

### Operations

- Level I
- Level II
- Level III

### Aquatics Operations

- Level I

### Ride Inspector

- Level I
- Level II
- Level III

Fill in electronically or clearly print the following:

Today's Date: \_\_\_\_\_  
month / day / year

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
month / day / year

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Work Address: (Required)  Use for correspondence

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Address: (Required)  Use for correspondence

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Expiration Date of Certification: \_\_\_\_\_  
month / day / year

**Submit the following required items with your application**

- ❖ **Continuing Education Units:** Include certificate(s) for 40 Credit hours (4 CEU) earned during certification period.
- ❖ **Payment:** Remember to include the appropriate payment. The fee to renew an on-time certification is \$55.
- ❖ **Application:** Remember to sign and date this application.

**Refer to the AIMS Certification Program for specific requirements**

Current Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and the AIMS Certification Program and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me from AIMS certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**RENEWAL FEE: \$55 per Certification Renewal. Please indicate Payment Type Below:**

Cash  Ck# \_\_\_\_\_ Amt. \_\_\_\_\_  Credit Card No.: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVV \_\_\_\_\_  
month / year

Card Holder's Name: \_\_\_\_\_  On-line w/Registration

Rev. 6/18

**For Office Use Only**

App.  Empl.  Edu.  Payment  Current Cert on File \_\_\_\_\_ CEU(years used)