



Certification Test Application

AQUATICS OPERATIONS - Level I

Fill in electronically or clearly print the following:

Today's Date: _____
month / day / year

Test 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: _____

Last 4 digits of SS# _____

Submit the following required items with your application:

Education: Applicant may submit a high school diploma, college diploma or GED (General Equivalency Diploma) or required proof of experience. Please attach a copy of your diploma or certificate. (See Program for details).

Industry Experience: Applicant must provide proof of current employment in the amusement aquatics field for at least 12 months (36 months if no proof of education). Please attach a letter from your employer.

Current Employer: _____ Location: _____ Position: _____

Hire Date: _____ Supervisor: _____ Phone: (_____) _____
month / day / year

Refer to the AIMS Certification Program for specific requirements

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 for AIMS certification. I will provide documentation for both education and industry experience in the amusement industry along with this application.

Signature of Applicant

Date

TEST FEE: \$55 with Seminar Registration, \$100 non-seminar. Please indicate Payment Type Below:

Cash Ck# _____ Amt. _____ Credit Card No.: _____ Exp.: _____
month / year

Card Holder's Name: _____ CVV: _____

On-line w/Seminar Registration

Rev. 6/18

For Office Use Only

App. Empl. Edu. Payment
