



PO Box 5178 Jacksonville, FL 32247
714-425-5747

Certification Renewal Application

Today's Date: _____ Aquatics Maintenance Operations Ride Inspector¹
month / day / year

Expiration Date of Certification: _____
month / day / year

Name: _____

Date of Birth: _____
month / day / year

Email: (required) _____

I, _____, the undersigned, understand and agree that, in order to renew my certification through the AIMS International Certification Program, I am required to provide proof of Continuing Education Units (4) and update any employment changes for this application for certification renewal. I hereby certify I have read, understand, and agree to be bound by the terms and conditions of the [AIMS International Certification Program](#) (including its Code of Ethics) and the [AIMS International Inspector Certification Program Guide](#).

As proof of the educational requirement, I hereby certify I earned 4 CEU's since my last certification expiration date. These CEU's were earned thru AIMS International's Educational Programs. The dates of the seminar / education were _____.

If CEU's were not earned in the AIMS International Educational Programs, email the CEU document(s) to certs@aimsintl.org to complete this application.

I further certify the information contained on this application is true, correct, complete, and made in good faith to the best of my knowledge and belief. I understand and agree, if an omission, falsification, misstatement, or misrepresentation has been made regarding the above information, I may be disqualified from applying for, or participating in, any AIMS International Certification Program, including removal of any AIMS International certifications previously attained.

UNDERSTOOD AND AGREED.

(Signature)

(Date)

(Print)



Certification Renewal Application

Please document your address and current employer below.

Work Address:

Home Address:

Work Phone: () _____

Cell Phone: () _____

I am employed by _____

1 Ride Inspector Renewal must be accompanied by Eye Exam Self Certification Form.

RENEWAL FEE: \$55 per Certification Renewal.

Did you prepaid for renewal(s) at the seminar ?

Please provide payment information below:

Credit Card No.: _____ Exp.: _____ CVV
month / year

Card Holder's Name: _____