FW&PCOA RECLAIMED WATER REGISTRATION FORM

Location of school _____ Date of school_____

***DEADLINE: Registration & Fees Must Be Received No Later Than 30 Days Prior To Exam**
***Must Furnish Evidence of Having a High School Diploma or Equivalent**
***Must Be At Least 18 Years of Age**

Name_____

Social Security #_____

License #_____ License Type_____
Drinking Water Wastewater

Mailing Address_____

_____

Business Phone_____

Fax _____

Firm/Agency_____

Job Title_____

FEES PAYABLE TO FW&PCOA: $350.00 MEMBERS
$375.00 NON-MEMBERS

Name as it appears on Credit Card_____

Credit Card _____ Expiration Date_____
VISA MasterCard American Express

Credit Card Number_____ Total amount Charged_____

MAIL FORM & FEES TO: FW&PCOA Training Office
1519 Clearlake Road
Cocoa, FL 32922