

# 2021 Manager of Pool Operations (MPO) Class

Register for the MPO Class (Pool School) by submitting the Manager of Pool Operations Application on the other side of this page.

## **The class will be online via Zoom**

Please include an email address on the application to receive the zoom meeting invitation.

### **CLASS DATES:**

April 27, 8:30 AM

May 25, 8:30 AM

July 6, 8:30 AM

Class fee \$20, City registration \$10

Fees payable over the phone with a credit card at 972-205-3460 after the submittal of the registration form.

### **Registration by Fax**

972-205-3505

### **Registrations by e-mail:**

EnvHealth@GarlandTX.gov

### **Registrations by mail:**

City of Garland  
Health Department  
PO Box 469002  
Garland, TX 75046-9002

### **Registrations in person:**

City of Garland  
Health Department  
1720 Commerce Street  
Garland, TX 75040

# MANAGER OF POOL OPERATIONS



**GARLAND**

HEALTH

1720 Commerce Street  
Garland, TX 75040  
Phone: (972) 205-3460  
Fax: (972) 205-3505  
Email: EnvHealth@GarlandTX.gov

## HEALTH DEPT. OFFICE USE ONLY

Area: \_\_\_\_\_

PT#: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

By/Receipt #: \_\_\_\_\_

City Registration:  Garland  Mesquite  Other

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ Email: \_\_\_\_\_

The name and location of the pool where I will be the Registered Pool Operator is:

Name of H.O.A. or  
Apartment/Condo: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are employed by a management company or a pool service please complete the following:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

MY REGISTERED POOL OPERATOR COURSE WAS TAKEN THRU:

CITY OF GARLAND  CITY OF DALLAS  OTHER

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
Applicant's Signature