

MANAGER OF POOL OPERATIONS APPLICATION



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