

# APPLICATION FOR REGISTERED POOL OPERATOR



**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