



GARLAND
HEALTH

APPLICATION FOR REGISTERED POOL OPERATOR

DATE: _____ EXPIRATION DATE: _____

City Registration: Garland Mesquite Other

Name: _____	Date of Birth: _____	
Address: _____		
City: _____	Zip: _____	Phone: _____
Driver's License: _____		

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
HEALTH DEPARTMENT**

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

Applicant's Signature