



GARLAND

HEALTH

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

**MANAGER OF POOL OPERATIONS
CLASS REGISTRATION FORM**

HEALTH DEPT. OFFICE USE ONLY	
Area:	_____
PT#:	_____
Issue Date:	_____
Exp. Date:	_____
By/Receipt #:	_____

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

E-MAIL ADDRESS: _____

TX Driver's License or Identification Number _____ Date of Birth _____

DO YOU MANAGE A POOL IN THE CITY OF GARLAND? YES _____ NO _____

DO YOU HAVE A NATIONAL CERTIFIED POOL OPERATORS CERTIFICATION? YES _____ NO _____

PLEASE TELL US WHAT TYPE OF BUSINESS YOU ARE EMPLOYED BY: (check one)

_____ Apartment _____ Condominium/Loft _____ Hotel/Motel

_____ Health Club _____ Swimming Pool Service Company _____ Child Care

_____ Other _____

PLACE OF EMPLOYMENT WHERE YOU WILL BE THE MPO:

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

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

MPO SIGNATURE: _____ DATE: _____

(Application must be signed before it can be processed by the City of Garland Health Department)

FEES	
MPO Class	\$20.00
City of Garland Registration	\$10.00
Total	\$ _____
Make check payable to the City of Garland or call in credit card payment at 972-205-3460	