



CITY OF DALLAS

Department of Code Compliance

MANAGER OF POOL OPERATIONS

CLASS REGISTRATION FORM

NAME

PLEASE PRINT (LAST) (FIRST) (MIDDLE INITIAL)

HOME ADDRESS

(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE () WORK TELEPHONE ()

E-MAIL ADDRESS

Texas Driver's License or Texas Identification Number Date of Birth

DO YOU MANAGE A POOL IN THE CITY OF DALLAS? 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 Other

PLACE OF EMPLOYMENT/D.B.A

ADDRESS

CITY STATE ZIP CODE

POOL PERMIT NUMBER(S)

SIGNATURE DATE

(Application must be signed before it can be processed by the City of Dallas's Special Collections Division)

DATE OF CLASS REQUESTED

Table with 2 columns: FEES and RETURN APPLICATION TO:.