



CITY OF DALLAS

Department of Code Compliance
MANAGER OF POOL OPERATIONS
CLASS REGISTRATION FORM

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

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

HOME TELEPHONE ( ) WORK TELEPHONE ( )

CELL TELEPHONE ( ) PAGER NUMBER ( )

E-MAIL ADDRESS

Texas Driver's License or Texas Identification Number or Social Security 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

SECOND CHOICE

Table with 2 columns: FEES and RETURN APPLICATION TO:
FEES: Manager of Pool within Dallas \$40.00, Manager of Pool outside of Dallas \$60.00, Total \$
RETURN APPLICATION TO: City of Dallas, Special Collections Division, P.O. Box 139076, Dallas, Texas 75313-9076
Make check payable to the: City of Dallas
Payment must be received 14 days before class