



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

SECOND CHOICE

**FEES**

Manager of Pool within Dallas \$40.00
Manager of Pool outside of Dallas \$60.00

Total \$

Make check payable to the City of Dallas

**RETURN APPLICATION TO:**

City of Dallas
Special Collections Division
1500 Marilla, 2DS
Dallas, Texas 75201

Payment must be received 14 days before class