



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: _____

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 _____ ALTERNATIVE DATE: _____

Table with 2 columns: FEES and RETURN APPLICATION TO:
City of Dallas Resident \$25.00
Non-City of Dallas Resident \$25.00
Total \$
Make check payable to the City of Dallas
Payment must be received 14 days before class
The City of Dallas does not accept payments in the field.