



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:
FEES: City of Dallas Resident \$47.00, Non-City of Dallas Resident \$47.00, Total \$
RETURN APPLICATION TO: City of Dallas, Special Collections Division, 1500 Marilla, 2DS, Dallas, Texas 75201
Make check payable to the City of Dallas Payment must be received 14 days before class