

POOL / SPA OPERATOR LICENSE APPLICATION

Prince George's County Health Department Environmental Health

Largo Government Center, 9201 Basil Court, Suite 318

Largo, Maryland 20774

Office 301-883-7650 | Fax 301-883-7601 | TDD 301-883-5025

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Fee is non-refundable; Type or print legibly. ◆ Money transactions/cards processed Monday through Friday, 7:30 a.m. to 3:30 p.m. ◆ If you have any questions, call 301-883-7650. <p>Check the appropriate box:</p> <p><input type="checkbox"/> Pool/Spa Operator License / New \$50.00</p> <p><input type="checkbox"/> Pool/Spa Operator License / Re-Certification \$50.00</p> <p><input type="checkbox"/> Pool/Spa Operator License / Duplicate or Replacement \$15.00</p>		
APPLICANT	Applicant Name	Mr. Ms. Mrs.	Birthdate
	Applicant Street Address	Home Telephone Number	
	City	State	Zip Code
	Public Pool / Spa or Pool Company	Work Telephone Number	
CERTIFICATION	<p><input type="checkbox"/> Coursework / Examination (Attach copy of course completion certificate)</p> <p style="margin-left: 40px;">Location: _____</p> <p style="margin-left: 40px;">Instructor: _____</p> <p><input type="checkbox"/> Certified in another jurisdiction with reciprocity (Attach copy of card)</p> <p style="margin-left: 40px;">Jurisdiction: _____</p> <p><input type="checkbox"/> Prince George's County Challenge Exam (see below)</p>		
RECERTIFICATION	<p><input type="checkbox"/> Four-Hour Continuing Education Coursework (Attach copy of course completion certificate)</p> <p style="margin-left: 40px;">Location: _____</p> <p style="margin-left: 40px;">Instructor: _____</p> <p>Previous License Number: _____</p>		
SIGNATURE	<p><i>I, the undersigned certify that:</i></p> <ul style="list-style-type: none"> ◆ <i>I have read the above application carefully, and that the information herein provided is true and complete to the best of my knowledge.</i> ◆ <i>I understand that my Pool/Spa Operator Card must be available at the facility at all times while on-duty.</i> <p>_____ Applicant Signature _____ Date</p>		

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY	Received By	Amount Received	Receipt Number	Card Issued
	Application Approved	Exam Score	Card Number	Expiration Date