



**Prince George's County**  
 Department of Permitting, Inspections  
 and Enforcement  
**HEALTH DEPARTMENT**  
 9400 Peppercorn Place, 1st Floor  
 Largo, Maryland 20774  
 301.883.5900 ♦ FAX: 301.883.7138



**POOL/SPA OPERATOR LICENSE APPLICATION**

**INSTRUCTIONS**

- All fees are non-refundable.
- Type or print legibly in black ink.
- Fees may be paid in person at the Department of Permitting, Inspections and Enforcement (DPIE) Monday, Tuesday, Thursday and Friday, 8:00 a.m. to 3:00 p.m. and Wednesday, 9:00 a.m. to 3:00 p.m.
- If you have any questions, please call (301) 883-7650.

**Check the Appropriate Box:**

- Pool/Spa Operator License/New . . . . . \$75.00 + 5% Technology Fee of \$3.75 for a total of \$78.75
- Pool/Spa Operator License/Recertification . . . . . \$75.00 + 5% Technology Fee of \$3.75 for a total of \$78.75
- Pool/Spa Operator License/Duplicate or Replacement . . . . \$15.00 + 5% Technology Fee of \$.75 for a total of \$15.75

**APPLICANT**

Applicant Name: Mr. Ms. Mrs. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Public Pool/Spa or Pool Company: \_\_\_\_\_

**CERTIFICATION**

- Coursework/Examination *(Attach Copy of Course Completion Certificate)*  
 Location: \_\_\_\_\_  
 Instructor: \_\_\_\_\_
- Certified in Another Jurisdiction with Reciprocity *(Attach Copy of Card)*  
 Jurisdiction: \_\_\_\_\_
- Prince George's County Challenge Exam *(See Below)*

**RECERTIFICATION**

- Four-Hour Continuing Education Coursework *(Attach Copy of Course Completion Certificate)*  
 Location: \_\_\_\_\_  
 Instructor: \_\_\_\_\_
- Previous License Number: \_\_\_\_\_

**SIGNATURE**

*I the undersigned certify that:*

- *I have read the above application carefully, and the information herein provided is true and complete to the best of my knowledge.*
- *I understand that my Pool/Spa Operator Card must be available at the facility at all times while on duty.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Received By:	Amount Received:	Receipt Number:	Card Issued:
Application Approved:	Exam Score:	Card Number:	Expiration Date: