



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: _____

<u>FEES</u>		<u>RETURN APPLICATION TO:</u>	
City of Dallas Resident	\$47.00 <input type="checkbox"/>	City of Dallas	
Non-City of Dallas Resident	\$47.00 <input type="checkbox"/>	Special Collections Division	
Total	\$ _____	1500 Marilla, 2DS	
		Dallas, Texas 75201	
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.			