



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 \$50.00
Non-City of Dallas Resident \$50.00
Total \$
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
The City of Dallas does not accept payments in the field.