

Please submit application and course certificate. Fee is \$20.00 per year with a maximum of \$60.00 for 3 years.

WWW.CECILCOUNTYHEALTH.ORG

CERTIFIED POOL/SPA OPERATOR APPLICATION

PLEASE PRINT OR TYPE AND RETURN

Paid: \$	
Rcvd:	
Receipt #:	
W/C:	

Name of Applicant:		
Mailing Address:		
Town:		
Applicant's Phone Number:		
Applicant's E-mail Address:		
Name of pool/spa operating at:		
Current certification # from another County:		
Type of Pool: □ Public □ Semi-Public		
CHECK OPTION BELOW	FOR BEING CERTI	FIED
 □ New, completed 14 hour approved pool and sp □ Re-certification, present proof of previous certification □ DO NOT FILL IN BELOW THIS I 	ification and completed	an approved 4 hour refresher course
ertificate Number: 07-		
ate Issued:	Expiration Dat	e:
eviewed By:	Dat	e:
		Rev. 10/30/2018
Healthy People. Healthy Coi ADMINISTRATIVE SERVICES	ENVIRONMENTAL HEALTH SERVICES HEALTH PROMOTION	

COMMUNITY HEALTH SERVICES......410-996-5130