



City of Arlington Trained Pool Operator Registration

Registration fee: \$20.00

Return all applications to:
Health Services, Community Development & Planning Dept.
City of Arlington
101 W. Abram St., Arlington TX 76010

Please print - all information must be completed.

Name _____
Last First Initial

Home Address _____
City State Zip

Home Phone _____

Date of Birth _____ Social Security No. _____

Drivers License No. _____ State _____ Other ID _____
(photo copy of drivers license is required)

Pool Site to which
Registration Assigned _____

Address _____
City State Zip

Date of Employment _____ Applicant's Title _____

Note: All Trained Pool Operator Registrations will be sent to home address unless otherwise requested.

Pool Certification Course Attended at:

School/Agency _____ Date of Course _____

Address _____ City _____
(copy of certificate is required)

First Time Registration? Yes No Re-certification? Yes No

I understand that giving false information will be grounds for revocation of this registration certificate. I hereby certify that the above information is true and accurate.

Signature of Applicant

Date