



## Prince William Health District

8470 Kao Circle  
Manassas, VA 20110  
703-792-6310 Fax 703-257-5138  
Hours: M-F 8:00-4:30

# Swimming/Spa Pool Operator Application

Application Fee: \$15.00 (Cash, Check payable to Prince William County, or Credit Card)

Office use only: Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_  
Processed By: \_\_\_\_\_ (initial)

An Operator license will not be issued to anyone under 16 years of age.

Please provide proof of age:

- Drivers License Drivers License #: \_\_\_\_\_  
 Birth Certificate  
 Passport

### Part I- Applicant Information (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Part II- Certified Swimming Pool Operator Course Information

Submit documentation that course was satisfactorily completed (transcripts, certificate)

Course Name: \_\_\_\_\_  
Date Course Taken: \_\_\_\_\_

### Part III- Work Information

- Name of Pool: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
- Name of Pool: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing this statement, I hereby certify that above information is true and complete, and I agree and understand that any falsification of information herein, regardless of the time of discovery, may cause forfeiture of my operator license. I understand that all the information on this application is subject to verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**All licenses expire December 31<sup>st</sup> of the calendar year.**  
*A Community of Healthy People and a Healthy Environment*