



Baltimore County Department of Health | Eastern Family Resource Center
 9100 Franklin Square Drive, Suite 230 | Baltimore, Maryland 21237
 410-887-FOOD (3663) | Fax: 410-887-3392

BALTIMORE COUNTY POOL OPERATOR APPLICATION

New

Renewal

Replacement

Name:

(First Name)

(Last Name)

Home Address:

City:

State:

Zip Code:

Work Telephone:

Home Telephone:

Name and Address of Your/Employer Facility:

Certificate Issued by:

Date Certificate Issued:

Test Score:

I certify that the above information is accurate to be best of my knowledge and realize that falsification may result in revocation of my Baltimore County Pool Operator Identification Card – Level I.

APPLICANT’S SIGNATURE:

Date:

Fees (effective July 1, 2011): New or Renewal Card: \$25

Replacement Card: \$15

Make checks or money orders payable to: BALTIMORE COUNTY, MARYLAND

FOR OFFICE USE ONLY

Receipt Number:

Amount:

Check/Money Order Number:

Date of Expiration:

Date Certificate Issued:

ID Number: