

Application Type:
__ New
__ Renewal



Charles County Department of Health
Division of Environmental Health Services
4545 Crain Highway/P.O. Box 1050
White Plains, MD 20695
301-609-6751 Fax: 301-609-6684

Official Use:
Amount Due: _____
Date Paid: _____

CERTIFIED POOL/SPA OPERATOR APPLICATION

Application is hereby made for a pool/spa operator certification card. The certification card application fee of **\$15** is due at the time of application. Fees are payable to the "Charles County Department of Health". All pool/spa operator certification cards are valid for 3 years from the date of issue.

NAME _____

ADDRESS (Complete Mailing Address) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # (____) _____ DATE OF BIRTH _____

VERIFICATION (i.e., DRIVER'S LICENSE, BIRTH CERTIFICATE)

EMAIL ADDRESS _____

RENEWAL _____

NEW _____

(MUST PROVIDE OLD CARD
WITH PROOF OF COMPLETION OF
4 HOUR REFRESHER COURSE; OR PASSED
A CHALLENGE EXAM)

(MUST PROVIDE COURSE CERTIFICATE)

FOR OFFICE USE ONLY

REVIEWED BY _____ APPROVED _____

DATE _____ DENIED _____

FURTHER REQUIREMENTS REQUIRED

4 HOUR REFRESHER COURSE _____

CHALLENGE EXAM _____

POOL OPERATOR COURSE _____

AGE (16 + yrs) _____