APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

POOL INFORMATION:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ County: _____

Type of public swimming pool: (check one)
- ☐ Swimming pool
- ☐ Wading Pool
- ☐ Spa
- ☐ Other (describe) _____

Date constructed or remodeled: (check one)
- ☐ Before May 1, 1993
- ☐ May 1, 1993 or later

Dates of operation: Opening date _____ Closing date _____

Hours of operation: Opening time _____ Closing time_____

OWNER INFORMATION:

Name of owner: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of pool operator: _____

Address: _____

Telephone number: _____

Pool operator trained by: (check one)
- ☐ National Swimming Pool Foundation (Certificate Number: _____)
- ☐ Other (please specify) _____

APPLICATION SUBMITTED BY:

Owner or operator: _____ _____

Signature Typed ore printed name

DATE: _____