



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 31st of the calendar year.

A Community of Healthy People and a Healthy Environment