



Instructions for Pool Operator License Application

The minimum age for Pool Operators is 16. The information listed below corresponds to the items listed on the application.

CONTACT INFORMATION: Be sure your mailing address and email address are completely legible.

WORK LOCATION: If you don't know where you will be working, leave this line blank. If you will be working at several pools for a management company, fill in the name of the management company.

IDENTIFICATION (For New Applicants Only): The ID must include your birth date. Acceptable forms of ID include any of the following:

- Driver's license or learner's permit
- Birth certificate
- Passport
- Military ID

You will not be issued a license without proper identification.

Check the appropriate box to indicate NEW applicant (never been licensed before) or RENEWAL.

Fill in the date you completed your training and the name of the approved course, not the instructor's name.

By obtaining this license, you agree to abide by Anne Arundel County Pool Operation Regulations. A [Summary of Regulations for Operators of Public Pools in Anne Arundel County](#) is available at the Department of Health website, aahealth.org.

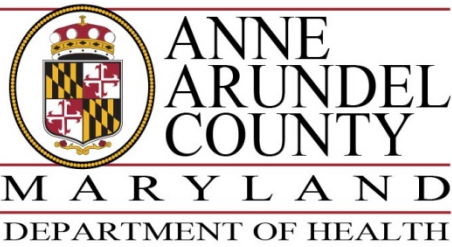
FEE: The Pool Operator License fee is \$60. Make checks payable to: **Controller, Anne Arundel County**.

Mail the completed application, copy of your training certificate, copy of your ID (if a new applicant) and fee to the address below.

LICENSE RENEWAL: Your license will expire three years from the date on your training certificate. Renewal notices will be sent out via email to the address on the application. Renewal applications can be mailed to the address below with a check for the correct fee.

FOR MORE INFORMATION, CONTACT:

Bureau of Environmental Health
Anne Arundel County Department of Health
3 Harry S. Truman Parkway, Annapolis, MD 21401
410-222-7217
pooloperatorinfo@aacounty.org



**DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL HEALTH**

3 Harry S. Truman Parkway, Annapolis, Maryland 21401
Phone: 410-222-7217
TDD for the Hearing Impaired: 7-1-1
www.aahealth.org

POOL OPERATOR LICENSE APPLICATION

Minimum age: 16

Fee: \$60.00

Term: Three years from the date of applicant's training certificate

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Name of Pool where employed: _____

ID Shown: Driver's License/Permit, MVA ID Birth Certificate Passport Military

New Applicant

Renewal

Training Date: _____

Training Provider: _____

*I hereby affirm that I will abide by the Anne Arundel County Pool Operation Regulations, and that the information given by me is true and complete to the best of my knowledge. I understand that my **license must be posted** at the pool at all times when I am on duty.*

Signature

Date

DO NOT WRITE BELOW THIS LINE

Cash/Check: \$ _____ Receipt # _____

Credit Card: \$ _____ Fee: \$ _____

Credit Card Receipt #: _____

Received by: _____
AACo Health Department Rep