



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
 255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850
 Phone: 240-777-3986 / Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

CERTIFIED SWIMMING POOL OPERATOR LICENSE APPLICATION
 (LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

New Renewal Replacement of Lost Card TODAY'S DATE: _____

Name of Applicant: _____

Home Address of Applicant: _____

City, State, Zip Code: _____

Cell Phone or Home Telephone No.: _____

Date of Birth: _____ Email: _____
 (Proof of Age Required)

Renewal's Only: Exam Expiration Date: _____ Card Expiration Date: _____
 (Re-exam required every 3 years)

I hereby certify the above information is accurate and complete to the best of my knowledge. I understand that providing false information may result in revocation of my Montgomery County Certified Swimming Pool Operator's License. I am aware that failure to renew this license within 180 days after the card expiration date will require re-examination.

Signature of Applicant: _____

Printed Name of Above Signatory: _____

Fees: Exam: \$40 Photo ID Card: \$40 / 1 year; \$70 / 2 years; or \$90 / 3 years

OFFICE USE ONLY

EXAM ONLY SECTION

CARD SECTION

Date Card Issued: _____

Check No./Money Order Approval Code: _____

Check No./Money Order Approval Code: _____

Master Card/Visa Approval Code: _____

Master Card/Visa Approval Code: _____

Amount Paid: _____

Amount Paid: _____ Date Card Expires: _____

Receipt No.: _____

Receipt No.: _____ Date Exam Expires: _____

Exam Date: _____

ID No.: _____ Staff Initials: _____