

# 2023 Manager of Pool Operations (MPO) Class

Register by submitting the MPO Class Registration Form.

## **The class will be online via Zoom**

Please include email address on the registration form to receive the zoom meeting link.

### **CLASS DATES:**

April 26, 8:30 AM

May 24, 8:30 AM

July 6, 8:30 AM

Class fee \$20, City of Garland registration fee \$10

Fees payable over the phone with a credit card at 972-205-3460 after the submittal of the registration form.

### **Registration by Fax**

972-205-3505

### **Registrations by e-mail:**

EnvHealth@GarlandTX.gov

### **Registrations by mail:**

City of Garland  
Health Department  
PO Box 469002  
Garland, TX 75046-9002

### **Registrations in person:**

City of Garland  
Health Department  
1720 Commerce Street  
Garland, TX 75040



**GARLAND**

**HEALTH**

1720 Commerce Street  
Garland, TX 75040  
Phone: (972) 205-3460  
Fax: (972) 205-3505  
Email: EnvHealth@GarlandTX.gov

**MPO REGISTRATION FORM**

<b>HEALTH DEPT. OFFICE USE ONLY</b>	
Area:	_____
PT#:	_____
Issue Date:	_____
Exp. Date:	_____
By/Receipt #:	_____

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **WORK TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TX Driver's License or Identification Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**DO YOU MANAGE A POOL IN THE CITY OF GARLAND?** YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE TELL US WHAT TYPE OF BUSINESS YOU ARE EMPLOYED BY: (check one)**

Apartment                       Condominium/Loft                       Hotel/Motel  
 Health Club                       Swimming Pool Service Company                       Child Care  
 Other \_\_\_\_\_

**PLACE OF EMPLOYMENT WHERE YOU WILL BE THE CPO:**

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

**MPO SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Application must be signed before it can be processed by the City of Garland Health Department)



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**MANAGER OF POOL OPERATIONS  
CLASS REGISTRATION FORM**

<b>HEALTH DEPT. OFFICE USE ONLY</b>	
Area:	_____
PT#:	_____
Issue Date:	_____
Exp. Date:	_____
By/Receipt #:	_____

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **WORK TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TX Driver's License or Identification Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**DO YOU MANAGE A POOL IN THE CITY OF GARLAND?** YES \_\_\_\_\_ NO \_\_\_\_\_

**DO YOU HAVE A NATIONAL CERTIFIED POOL OPERATORS CERTIFICATION?** YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE TELL US WHAT TYPE OF BUSINESS YOU ARE EMPLOYED BY: (check one)**

\_\_\_\_\_ Apartment                      \_\_\_\_\_ Condominium/Loft                      \_\_\_\_\_ Hotel/Motel

\_\_\_\_\_ Health Club                      \_\_\_\_\_ Swimming Pool Service Company                      \_\_\_\_\_ Child Care

\_\_\_\_\_ Other \_\_\_\_\_

**PLACE OF EMPLOYMENT WHERE YOU WILL BE THE MPO:**

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

**MPO SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Application must be signed before it can be processed by the City of Garland Health Department)

FEES	
MPO Class	\$20.00
City of Garland Registration	\$10.00
<b>Total</b>	<b>\$ _____</b>

Make check payable to the City of Garland or call in credit card payment at 972-205-3460