



Public Health
 Prevent. Promote. Protect.
 Harford County
 Health Department

Bureau of Environmental Health
 120 S Hays Street, Suite 200
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POOL OPERATOR CERTIFICATION CARD APPLICATION

Minimum Age: 16 Fee: \$10.00 Term: Three (3) years from the date of applicant's training certificate

Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Name of Pool(s) where employed: _____

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

Certificate Provided: Yes

New Applicant

Renewal

Training Date: _____ Training Provider: _____

I hereby affirm that I will abide by the Harford County Health Department 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

BOX TO BE COMPLETED BY HEALTH DEPARTMENT OFFICIAL ONLY

Pool Op Card #: _____ Issue Date: _____ Expiration Date: _____

Amount Paid: _____ EHS Signature: _____

V2 10/2024