



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
POOL OPERATOR LICENSE APPLICATION**

If you plan to work at any public pool facility in Howard County, you are required to have a valid Pool Operator License. To obtain a license you must provide a certificate from an approved training course, or a valid pool operator's license from another Maryland County. Howard County Pool Operator Licenses are valid for a period of three (3) years from the date of training completion.

To apply for a Pool Operator License complete the application below, and provide the following:

- Copy of a valid ID
- Copy of the certificate of training or other Maryland County pool operator license
- Check for \$11.00 payable to "Director of Finance" (Major Credit Cards accepted at front desk service only)

If applying through the mail, your application, copies, and checks should be returned to the address shown below.

Please note that under Maryland's Public Information Act (SG §10-611) the information you provide on this application may be released upon request to persons and/or companies seeking information about approved pool operators in Howard County. When such requests are received your name, address, and telephone number will be included in the Approved Pool Operators list.

For additional information, contact the Community Hygiene Program at (410) 313-1773.

Please check one of the following:

New Card **Replacement / Duplicate Card**

(If your card is lost or damaged and needs replacing, or a duplicate card is requested, then a service charge for that replacement or duplicate card can be imposed.)

| | |
|-----------------|--|
| Name | |
| Mailing Address | |
| City, State Zip | |
| Phone # | |

List any pools at which previously employed:

Location of pools if not in Howard County:

Name(s) of Howard County pool(s) to be operated this year:

| | |
|--|-------------------|
| Make Check/Money Order payable to: DIRECTOR OF FINANCE | FEE DUE: \$11.00 |
| Howard County Health Department | DATE PAID: _____ |
| Bureau of Environmental Health | RECEIPT NO: _____ |
| 8930 Stanford Blvd | EXP. DATE: _____ |
| Columbia, Maryland 21045 | |