



CERTIFIED POOL OPERATOR PERMIT APPLICATION

City of Mansfield
Department of Regulatory Compliance
620 S. Wisteria Street
Mansfield, TX 76063
(817) 276-4221

Application Date: _____

Permit Status (check one):

- New Permit
 Renewal

Payments can be made by check or money order to City of Mansfield, C/O: Regulatory Compliance at the above address. **Please note, we are unable to accept online payments at this time.**

REQUIREMENTS:

- **Pool establishments must employ at least 1 employee with a pool operator certification.** This pool operator certification must then be registered with the City of Mansfield Regulatory Compliance Department.
- Should an establishment lose their certified pool operator, the Regulatory Compliance Department must be notified within 10 days. A new City of Mansfield Pool Operator Permit must be obtained and posted within 30 days.
- To transfer a current Pool Operator Permit to another food establishment within the City of Mansfield, please contact the department at the above phone number.
- The city-issued Pool Operator Permit will have the same expiration date listed on the submitted pool operator certification.

STEP 1: OBTAIN A POOL OPERATOR CERTIFICATION

- A list of licensed pool operator training programs and test sites are available on the Centers for Disease Control and Prevention website.
www.cdc.gov/nceh/ehs/elearn/pool-inspection.html

STEP 2: OBTAIN A CITY OF MANSFIELD FOOD MANAGER PERMIT

1. Submit proof of valid pool operator certification from a licensed training program.
2. Submit a copy of a valid government issued photo identification.
3. Submit a \$35.00 fee. **Payment can be made by check or money order to the above address.**

- 4. Complete the application information below.
- 5. Return this application, applicable fee, and required documents to the above address to receive your Pool Operator Permit.

BUSINESS NAME: _____
 (NAME OF ESTABLISHMENT LOCATED IN MANSFIELD)

STREET ADDRESS: _____ SUITE/KIOSK #: _____

APPLICANT NAME: _____

HOME ADDRESS: _____ APARTMENT #: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE: _____

PHOTO I.D. TYPE AND I.D. NUMBER: _____

COMPANY ISSUING CERTIFICATION: _____

CERTIFICATE NUMBER: _____ CERTIFICATE EXPIRATION: _____

I have submitted the above information for the application of a permit from the City of Mansfield Regulatory Compliance Department. I verify that all of the information submitted is accurate. I understand that the permit application fee will not be refunded, the permit must be displayed in public view, and that I must be employed at the establishment to display my certificate.

_____ **Applicant Name (Printed)**

_____ **Signature**

_____ **Date**

FOR OFFICE USE ONLY		
Received by Action	Date Received	<input type="checkbox"/> Mail <input type="checkbox"/> On-site
	/ /	
Taken or Required		
Signature	Date Action Complete	
	/ /	