



**WORCESTER COUNTY HEALTH DEPARTMENT  
POOL AND SPA OPERATOR  
CERTIFICATION CARD APPLICATION**

**Return To:** Worcester County Health Department  
Office of Environmental Health  
13070 St. Martin's Neck Road  
Bishopville, MD 21813

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name of Pool / Employer:** \_\_\_\_\_

*By signing below I am affirming that I have completed the hours of instruction as required by COMAR 10.17.01.41, successfully completed a recognized national course or successfully passed a challenge exam. In addition, I will abide by the requirements of an operator as listed in COMAR 10.17.01.43. If I am unable to, I understand that my operator certification may be summarily suspended per COMAR 10.17.01.41C.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CERTIFICATION CARD PROCESSING FEE = \$20.00**

Make check payable to: *Worcester County Commissioners*

**NOTE: CERTIFICATION CARD WILL NOT BE ISSUED UNTIL FORM IS SUBMITTED AND A \$20.00 FEE IS PAID. IF YOU HAVE TAKEN A RECOGNIZED NATIONAL COURSE THE CERTIFICATION CARD WILL NOT BE ISSUED UNTIL THE COMPLETETION CERTIFICATE IS RECEIVED**

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**OFFICE USE ONLY**

Fee Paid: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Application:  Approved

Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_