

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

Please Print or Type and Return to: Worcester County Health Department
Office of Environmental Health
13070 St. Martin's Neck Road
Bishopville, MD 21813

Name _____

Mailing Address _____

_____ **Phone** _____

Name of Pool/Employer: _____

Pool/Employer Address: _____

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.**

OFFICE USE ONLY

FEE PAID: _____

APPLICATION: Approved Disapproved

DATE ISSUED: _____

EXPIRATION DATE: _____

BY: _____ **DATE:** _____