



# ALEXANDRIA HEALTH DEPARTMENT

**Environmental Health Division**  
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[www.alexandriava.gov/EnvironmentalHealth](http://www.alexandriava.gov/EnvironmentalHealth)

## **POOL MANAGEMENT COMPANY LICENSE APPLICATION**

Application for: ☐ New Facility ☐ Update Information  
☐ Renewal

### **FACILITY INFORMATION**

Name (d/b/a): \_\_\_\_\_ Onsite Telephone #: \_\_\_\_\_

Owner (if different): \_\_\_\_\_ Website: \_\_\_\_\_

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

Billing Address (if different): \_\_\_\_\_

### **CONTACT INFORMATION**

Company Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### **HISTORY OF POOL MANAGEMENT EXPERIENCE**

Attach to this application a brief resume or Curriculum Vitae that detail at least 5 years of pool management experience within the last 7 years.

Employee Name: \_\_\_\_\_ CPL #: \_\_\_\_\_

Total Years Providing Pool Management Services: \_\_\_\_\_ Resume/Vitae Attached: ☐ Yes ☐ No

### **NOTICE AND SIGNATURE**

I/We attest to the accuracy of the information provided, agree to comply with applicable city and state ordinances and regulations and will allow the regulatory authority access to the facilities we manage during any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (printed): \_\_\_\_\_

### **OFFICE USE ONLY**

Resume/CV Provided: ☐ License Conditions: \_\_\_\_\_

License Application Date: \_\_\_\_\_ License Fee Paid Date: \_\_\_\_\_

Recommended for License by: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date File Created in VENIS: \_\_\_\_\_ License Issue Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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(Updated: October 2012)

APPLICATION AND/OR LICENSE  
FEES ARE **NON-REFUNDABLE**



Return this completed application, fees,  
and a copy of your business license (or  
application) to the address listed above.