Alexandria Health Department



POOL MANAGEMENT COMPANY LICENSE APPLICATION

REPLY TO: Environmental Health Division

4480 King Street, Rm 360 Alexandria, VA 22302

Phone: 703-746-4910, Fax: 703-746-4919 http://alexandriava.gov/EnvironmentalHealth

Application For: ☐ New Permit ☐ Rer	new /Update Existing License
COMPLETE AND SUBMIT THIS LICENSE APPLICATION ALEXANDRIA HEALTH DEPARTMENT, ENVIRONMENTAL NON-REFUNDABLE.	
COMPANY INFORMATION:	
Name (d/b/a):	Owner:
Mailing Address:	
Billing Address:	
Website:	Telephone:
CONTACT INFORMATION:	
Company Contact:	Position Title:
Email:	Telephone:
HISTORY OF POOL MANAGEMENT EXP	<u>ERIENCE</u>
Attach to this application a brief resume or Curric management experience within the last 7 years.	ulum Vitae that detail at least 5 years of pool
Employee Name:	CPO #:
Total Years Providing Pool Mgmt. Services:	Resume/Vitae Attached? Yes No
NOTICE AND SIGNATURE	
	cy of the information provided, affirm to comply with the ow the regulatory authority access to the establishments onduct tests, or collect samples as required.
Applicant's Signature (Please initial if completing	electronically) Date
(Print Name)	



Office Use Only:	Resume/CV Provided
License Application Date:	License Fee Paid Date:
Recommended by for License:	Date:
Supervisor Approval:	Date:
File Active Date:	License Issued Date:
License Condition(s):	

AMOUNT:

Effective April 14, 2010, the pool management company license application fee is \$25, due each calendar year.

PAYMENT OPTIONS:

Acceptable methods of payment include cash, check, and money order. Credit Card payments are not accepted at this time. Cash payments should be made in person, and Checks and money orders should be made payable to "City of Alexandria".

Applications and payments may be submitted in person or mailed to the Alexandria Health Department, Environmental Health Division, 4480 King Street, 3^{rd} floor, Alexandria, VA 22302.