



ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

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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: _____

S:\Administrative\Forms\Originals\Application, Pool Management Company License.docx

(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.