

**PUBLIC SWIMMING POOL/SPA
PERSONNEL ROSTER**

Please make a separate sheet for each pool or spa at this location. On each sheet, write the name and location. After first sheet, you may write "same" in fields where information does not change.

Pool/Spa Name	Phone
Location Address	

Pool/Spa Management Company

Office Address (If different from Location Address)	Email Address
Office Phone	Cell
Manager's Name	Contact Phone
Manager's Address	

Please complete information below and submit with license application.

INCLUDE COPIES OF ALL CERTIFICATIONS WITH THIS ROSTER.

Swimming Pool/Spa Equipment Operators

Facility Identification Name:			Check One: <input type="checkbox"/> Pool <input type="checkbox"/> Spa	
Name	Pool/Spa Operator Expiration Date	Lifeguard Expiration Date *	First Aid Expiration Date *	CPR Expiration Date *

* Only if Operators perform any lifeguard duties

Name	Lifeguard Expiration Date	First Aid Expiration Date	CPR Expiration Date

Additional names for both positions may be noted on the reverse side. In the event new personnel are added after the submission of this roster, please note information on blank forms and mail immediately to BCHD.