



PO BOX 3902~LAS VEGAS~NV~89127~WWW.SOUTHERNNEVADAHEALTHDISTRICT.ORG

APPLICATION FOR CERTIFICATION OF POOL COMPANY

APPLICANT'S NAME:	DATE:	
STREET:	PHONE #:	
CITY:	STATE:	ZIP:
COMPANY'S NAME:	PHONE #:	
STREET:		
CITY:	STATE:	ZIP:
COMPANY OWNER:		
COMPANY TECHNICIAN:	CERT. #:	

EDUCATIONAL COURSES COMPLETED RELATIVE TO PROVIDING POOL SERVICES:
MEMBERSHIP IN ORGANIZATIONS INVOLVED IN PROVIDING POOL SERVICES:

EXPERIENCE PROVIDING POOL SERVICES:	YEARS:	MONTHS:	DAYS:
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EMPLOYMENT HISTORY (LIST ONLY JOBS IN WHICH YOU PROVIDED POOL SERVICES):

COMPANY NAME:	COMPANY ADDRESS:	BEG DATE:	END DATE:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS HEREIN MAY RESULT IN SUSPENSION OR REVOCATION OF MY CERTIFICATE.

SIGNATURE: _____ **DATE:** _____

*****BELOW FOR OFFICE USE ONLY*****

APPROVAL BY: _____ **APPROVAL DATE:** ____/____/____



**SOUTHERN NEVADA HEALTH DISTRICT
SWIMMING POOL & SPA SERVICE COMPANY
CHECKLIST (5T)**

PLEASE PROVIDE THE FOLLOWING:

- **NAMES AND CERTIFICATION NUMBERS OF ALL TECHNICIANS AND APPRENTICES EMPLOYED:**

LAST NAME	FIRST NAME	CERTIFICATION #

- **PAYROLL OR OTHER DOCUMENT SHOWING ALL CERTIFIED TECHNICIANS NOTED ON THE APPLICATION ARE EMPLOYED BY THE COMPANY**
- **BUSINESS LICENSE OR PROOF OF BUSINESS LICENCE APPLICATION**
- **NUMBER OF SERVICE VEHICLES TO BE OPERATED**
- **THERE IS A 30 DAY GRACE PERIOD FOR EXPIRED CERTIFICATIONS. THE FEE AFTER THE 30 DAYS GRACE PERIOD IS 100% OF THE ADOPTED FEE.**



**SOUTHERN NEVADA HEALTH DISTRICT
POOL SERVICE COMPANY
CHECKLIST (5T)**

PERMIT:	COMPANY NAME:	DATE:	
VIN#	PLATE #:		
REPRESENTATIVE NAME:			
TEST KIT (OVERALL)	Y	N	
CHLORINE/BROMINE DISINFECTANT TEST	Y	N	
PH TEST	Y	N	
TOTAL ALKILINITY TEST	Y	N	
CALCIUM HARDNESS TEST	Y	N	
ACID DEMAND TEST	Y	N	
CYANURIC ACID CONCENTRATION TEST	Y	N	
POOL BOTTOM BRUSH	Y	N	
SUBMERSIBLE THERMOTER	Y	N	
VACUUM CLEANER WITH ATTACHMENTS	Y	N	
LEAF SKIMMER	Y	N	
HAND TOOLS KIT (WRENCH, SCREWDRIVERS)	Y	N	
SEAL LUBRICANTS	Y	N	
NECESSARY MAINTENANCE CHEMICALS	Y	N	
VEHICLE MARKED RIGHT SIDE NAME, PH #, CERT #	Y	N	
VEHICLE MARKED LEFT SIDE NAME, PH #, CERT #	Y	N	
SERVICE COMPANY SIGNS/MEANS TO POST	Y	N	
OTHER:			

EQUIPMENT COMMENTS:

EHS:
