



PO BOX 3902~LAS VEGAS~NV~89127~[WWW.SOUTHERNNEVADAHEALTHDISTRICT.ORG](http://WWW.SOUTHERNNEVADAHEALTHDISTRICT.ORG)

**APPLICATION FOR CERTIFICATION OF POOL OPERATOR**

<b>APPLICANT'S NAME:</b>	<b>DATE:</b>	
<b>STREET:</b>	<b>PHONE #:</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PROPERTY'S NAME:</b>	<b>PHONE #:</b>	
<b>STREET:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

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  
POOL OPERATOR CHECKLIST**

**PLEASE PROVIDE THE FOLLOWING:**

- **DOCUMENTATION INDICATING EMPLOYEMENT OR CONNECTION WITH THE LOCATION YOU ARE APPLYING TO OPERATE, FOR EACH LOCATION (MAY BE ALL ON ONE LETTER).**
- **TAKE THE EXAM WITHIN 30 DAYS AND OBTAIN A PASSING SCORE OF 70% OR GREATER OR HAVE A CURRENT NATIONAL SWIMMING POOL FOUNDATION CPO CERTIFICATE.**
- **THERE IS A 30 DAY GRACE PERIOD FOR EXPIRED CERTIFICATIONS. THE FEE AFTER THE 30 DAYS GRACE PERIOD IS 100% OF THE ADOPTED FEE.**