



## CERTIFICATION OF CONTRACTED SERVICES

FACILITY INFORMATION		
<b>FACILITY NAME:</b>	<b>FACILITY LOCATION:</b>	
CONTRACTOR INFORMATION		
<b>CONTRACTOR NAME:</b>	<b>CONTRACTOR ADDRESS:</b>	
CONTRACTOR CONTACT INFORMATION:		CONTRACT LICENCE TYPE:
<b>EMAIL:</b>	<b>PHONE:</b>	

I hereby certify that I have contracted the services of the above listed person/company to assist in the preparation and submission of plans, applications, and calculations to the Southern Nevada Health District.

NAME: (PRINT)	TITLE:
SIGNATURE:	DATE: