

## **Environmental Health Division – Aquatic Health Program**

Email: aquatic@snhd.org | Phone: (702) 759-0572

## **Qualified Operator Registration**

	Appli	cant Information			
Name:	•				
Street Address:			Apartment/Suite Number:		
City:	State:		Zip:		
Phone Number:	Ema	ail:			
Mailing Address: Same as Abo	ove		Apartment/Suite Number:		
City:	State:		Zip:		
Company Company	constant distance		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
National Certification Testing Entity:  Certification Number:		Expiration Dat	Expiration Date:		
The second of the second	certification and retur	n with application to	aquatic@snhd.org / Fax: 702-759-1485		
Operator registration will expi					
Operator registration will expi			ation expiration and both must be renew		
Operator registration will expi	re in conjunction with				
	re in conjunction with	the national certific			



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## **Pool Company Registration**

	Ow	ner Information			
Owner Name:	Corporation or LLC Name (must match Business License):				
Owner Mailing Address:	100			Apt or Suite #	
City:	State:	State:		Zip:	
Owner Phone Number:	Own		er Email:		
	Bus	iness Informatio	1		
Business Name:					
Business Street Address:	Same as above			Apt or Suite #	
City:	State:		Zip:		
Susiness Phone Number:		Business Email:			
Attach a list of emplo All businesses operating in Nevada operate. Please visit the appropriat	aquatic@snh	d.org / Fax: 702	- <b>759-1485</b> tate of Nevada, as well a		
	OF	FICE USE ONLY			
SNHD APPROVAL BY:		DATE:			
SNHD APPROVAL BY:		DAIL.			

Revised: 02 August 2022