

## WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520 Telephone (775) 328-2434 • Fax (775) 328-6176

www.washoecounty.us/health

Application for Certification as a Public Swimming Pool and Spa Operator

Fee Paid
Date Paid
Cash/CC/Check
Receipt No

## **PUBLIC SWIMMING POOL and SPA OPERATOR**

Business Name:  Mailing Address:	Name:		
Mailing Address:			
Email address:		City/State/Zip:	
National Swimming Pool Foundation CPO Certification  Date Certified: Copy of NSPF Certification attached: Yes No Copy of Government Issued Identification attached: Yes No Name as you would like it to appear on published list: Would you like your phone number included on the list: Yes No Print Name: Signature: Date:  For Department Use Only: Date Approved: CPO Expiration Date: CPO Number:	Work Phone:		
National Swimming Pool Foundation CPO Certification  Date Certified: Copy of NSPF Certification attached: _ Yes _ No Copy of Government Issued Identification attached: _ Yes _ No Name as you would like it to appear on published list: Would you like your phone number included on the list: _ Yes _ No Print Name: Date:  Signature: Date:  For Department Use Only:  Date Approved: CPO Expiration Date: CPO Number:			
Date Certified: Copy of NSPF Certification attached: Yes No Copy of Government Issued Identification attached: Yes No Name as you would like it to appear on published list: Would you like your phone number included on the list: Yes No Print Name: Signature: Date:  For Department Use Only: Date Approved: CPO Expiration Date: CPO Number:			
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Copy of Government Issued Identification attached:  Name as you would like it to appear on published list:  Would you like your phone number included on the list:  Yes No Print Name:  Signature:  Date:   For Department Use Only:  Date Approved:  CPO Expiration Date:  CPO Number:	National Swin	nming Pool Foundation CPO Certification	
Name as you would like it to appear on published list:  Would you like your phone number included on the list:   Print Name:  Signature:  Date:  For Department Use Only:  Date Approved:  CPO Number:	Date Certified:	Copy of NSPF Certification attached:   Yes   No	
Would you like your phone number included on the list:   Print Name:  Signature:  Date:  Date:  For Department Use Only:  Date Approved:  CPO Number:			
Print Name:  Signature: Date:  For Department Use Only:  Date Approved: CPO Expiration Date:  CPO Number:	Name as you would like it to appear on published list:		
Signature: Date:  For Department Use Only:  Date Approved: CPO Expiration Date:  CPO Number:	Would you like your phone num	ber included on the list: $\square$ Yes $\square$ No	
For Department Use Only:  Date Approved: CPO Expiration Date: CPO Number:	Print Name:		
Date Approved: CPO Expiration Date: CPO Number:	Signature:	Date:	
Date Approved: CPO Expiration Date: CPO Number:			
CPO Number:	For Department Use On	ly:	
	Date Approved:	CPO Expiration Date:	
Review Comments:	CPO Number:		
	Review Comments:		