

<p>Washoe County</p>  <p>Health District</p>	<p>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</p> <p>Application for Certification as a Public Swimming Pool and Spa Operator</p>	<p>Fee Paid _____ Date Paid _____ Cash/CC/Check _____ Receipt No. _____</p>
---	---	--

PUBLIC SWIMMING POOL and SPA OPERATOR

Name: _____

Business Name: _____

Mailing Address: _____ **City/State/Zip:** _____

Work Phone: _____ **Cell Phone:** _____

Email address: _____

Correspondence and updates may be delayed if no email address is given.

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: _____

Review Comments:
