

**178 NAC 2 ATTACHMENT 2**  
**APPLICATION FOR SWIMMING POOL OPERATOR CERTIFICATE OF COMPETENCY**

**Directions.** Please print legibly in the spaces provided.

You must provide your name (exactly as you want it printed on the certificate of competency), complete address, birth date, age, social security number, clinic location with date, and signature to receive a certificate.

**Have you previously been issued a Nebraska swimming pool operator certificate of competency?**  Yes  No

Name:			
Home Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Address where certificate of competency will be sent:			
Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Social Security Number:		Telephone:	
Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.		Email Address:	
Birth Date:		Age:	
Clinic/Test Location:	City:	Date:	

Signature: \_\_\_\_\_

**ALL FIELDS ARE REQUIRED.** We will **email** you with additional information regarding the online course and exam.

\*\* Please write "ONLINE" in the test location field.

\*\* YOUR APPLICATION **WILL NOT** BE PROCESSED WITHOUT THE **SOCIAL SECURITY NUMBER.**

Fee: \$40.00 each

**Please mail application and fee to:**  
 DHHS Licensure Unit  
 ATTN: Pool Operator Certification  
 PO Box 94986  
 Lincoln NE 68509-4986