

178 NAC 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: _____

<p><u>ALL FIELDS ARE REQUIRED.</u> We will email you with additional information regarding the online course and exam.</p> <p>** Please write "ONLINE" in the test location field.</p> <p>** YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE <u>SOCIAL SECURITY NUMBER.</u></p> <p>Fee: \$40.00 each</p> <p>Please mail application and fee to: DHHS Licensure Unit ATTN: Pool Operator Certification PO Box 94986 Lincoln NE 68509-4986</p>
--