



## Environmental Health Division – Aquatic Health Program

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### Aquatic Facility Staffing Information

To be submitted prior to final permitting inspection

Facility/Staffing Information			
Management Company:			
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Qualified Operator Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Certification:	Cert. #:	Expiration:	
Lifeguard Management Company:			
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		