



CLARK COUNTY • DEPARTMENT OF AIR QUALITY

4701 W. Russell Rd., Suite 200 • 2nd Floor • Las Vegas, NV 89118-2231
 (702) 455-5942 • Fax (702) 383-9994

For DAQ Use Only Invoice Number:

Dust Class Registration Form

General Information:

Subsection 94.7.6 of the Clark County Air Quality Regulations (AQR) establishes the requirements of those individuals who must attend Dust Class when working on construction projects. The AQR are available on the Clark County, Department of Air Quality (DAQ) website, listed below.

To enroll in a Dust Class, the person must provide the following information, along with required fee. The Dust Class schedule is listed under the Upcoming Events area on the right side of the DAQ website home page. The Dust Class fee is listed as the Dust Control Class Card fee in the Dust Control & Asbestos Bill Codes table under the Fees Permitting Fees dropdown on the left side of the DAQ website home page. Payment is by check or credit card only, cash payments are not accepted. Credit card payments must be made in person at the DAQ front counter, checks may be mailed to the address listed above, make checks payable to "Department of Air Quality" or "DAQ".

The DAQ home page is located at this address: <http://www.clarkcountynv.gov/depts/airquality/pages/default.aspx>

Scheduled classes will be held in the Building Department's **Presentation Room** located at **4701 W. Russell Rd.**, Las Vegas.

Entry is through the separate entrance west of the building's main entrance. Please schedule for exact dates. This registration form must be submitted no later than Wednesday prior to the scheduled class date. If a person is enrolled, but not able to attend the class on the scheduled date, they must notify DAQ training staff no later than noon the day before the class. To reschedule a Dust Class, complete the form and fax to DAQ at 702-383-9994 or e-mail using the link below. There is no charge to reschedule the class; however, the person must attend the class within 6 months of the fee payment date.

Registration Information:

Type of Registration:	New Registration	Date of Class:
	Reschedule Class	Original Class Date:
	For reschedules only select this Link to E-mail completed form	Rescheduled Class Date:

Application Information (Print Name as it will appear on Dust Card)					
First Name:		MI:		Last Name:	
E-mail Address:					
Mailing Address:					
City:		State:		Zip:	
Telephone:					
Company:					