

CERTIFIED POOL OPERATOR REGISTRATION FORM

Proof of completion of approved CPO course and
\$10.00 fee per pool/spa must accompany this application.

Name _____ Phone # _____

Email Address _____

Address _____ City _____ ZIP _____

State Approved Exam _____ Date of Exam _____

Pool(s)/Spa(s) Employed As CPO (up to 12 pools/spas OR 8 locations per CPO allowed)	
Name of Pool/Spa	Address of Pool/Spa

I hereby register for Pool Operator (CPO) Certification to be issued in accordance
with the regulations adopted by:

Utah County Health Department
Division of Environmental Health
151 S. University Avenue Suite 2600
Provo, UT 84601
801 851-7525
EH@UtahCounty.gov

Signature of Applicant

Date

Payment Received By: _____
 Payment Date: _____
 Cash Check Credit/Debit