

CERTIFIED POOL OPERATOR REGISTRATION FORM

Proof of completion of approved CPO course and
fee must accompany this application.

Name _____ Phone # _____

Email Address _____

Address _____ City _____ ZIP _____

State Approved Exam _____ Date of Exam _____

CPO Registration \$30.00 _____ CPO Transfer \$10.00 _____

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 as a Certified Pool Operator (CPO)
to be issued in accordance with the regulations adopted by:

Utah County Health Department
Division of Environmental Health
151 S University Ave, Suite 2600
Provo, UT 84601
801 851-7525
eh@utahcounty.gov

Signature of Applicant

Date

Payment Received By: _____

Payment Date: _____

Cash Check Credit/Debit
