

CERTIFIED POOL OPERATOR REGISTRATION FORM

Proof of completion of approved CPO course and
\$30.00 fee per pool/spa must accompany this application.

Name _____ Phone # _____

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:

Environmental Health
151 S. University Avenue Suite 2600
Provo, UT 84601
801 851-7525
801 851-7521 (Fax)

Signature of Applicant

Date

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

