



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 Fax (435) 277-2444
www.tooelehealth.org

APPLICATION FOR POOL OPERATOR CERTIFICATION

Name: _____

Address: _____

(P.O Box)

Phone Number: _____ Email Address: _____

Place of Employment: _____

Certified Pool Operator Certificate #: _____

Date of issue: _____

A Tooele County Health Department certificate will be issued to the applicant after the following items are received and approved:

Application

Copy of Certificate

\$10.00 Fee

(Payable to Tooele County Health Department)

OFFICE USE ONLY

Receipt Number: _____

Fee Paid: _____

Permit Number: _____

Date: _____

Permit Expires: _____

E.H Specialist: _____