Pool/Spa Operator Training and Certification

Select only one class date **or** one challenge test date below. Dates shown are available **as of 09/01/26**.

Challenge Test Dates (exam only, the 1st Tuesday of each month):

Sep 1 ☐ Oct 6 ☐ Nov 3 ☐ Dec 1 ☐ Jan 5 ☐ Feb 2 ☐

Class Dates (Includes presentation followed by exam, more dates added periodically; contingent upon 10 or more registrants):

Sep 10 ☐ Oct 15 ☐ Nov 12 ☐ Feb 25 ☐

Unless otherwise indicated, all **classes** will be held at our Northeast Regional Health & Wellness Center Auditorium, 2600 NE 63 St., Oklahoma City, OK 73111 All **challenge tests** will be held at our Food Safety & Environmental Health office, at 2401 NW 23, Ste 70, Oklahoma City, OK 73107. For more info, visit **www.OCCHD.org/pools**.

***Smoking is not allowed on Agency property, including the parking lot. Anyone seen smoking on property will be removed from the property without obtaining certification, and will not receive a refund.**

***If you are experiencing possible symptoms of a communicable disease, or generally feeling sick/unwell, please contact our office to reschedule and do not come.**

Operator Information:

Facility Name: _____ Pool Record #: _____

Attendee Legal Name (*Must match Driver License*): _____

Email: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

To Reserve Your Seat: Registration, Affidavit & Fee MUST Be Received By Close of Business The Friday Before Class

$40 Fee may be paid online at: www.occhd.org/payment

E-MAIL registration form, affidavit & copy of attendee Driver's License or state issued ID with online payment receipt to: fe@occhd.org (***Preferred***)

*If submitting online, please download the form, fill it out completely (both pages) and then save the changes before attaching to your email.

OR MAIL this form & affidavit with $40 Fee to: OCCHD, Attn: Public Bathing, 2401 NW 23 St, Ste 70, Oklahoma City, OK 73107.

NO REFUNDS, but CHANGES to date or person attending can be made ONLY if we are notified at least 3 business days prior to the day of the class via a written request to fe@occhd.org.

OCCHD Use Only CPO# 2026- _____

09/01/26 -JDW

Oklahoma State Department of Health
Creating a State of Health

AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check only ONE of the following statements that apply)

☐ I am a United States citizen.

☐ I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration #_____

Authorizing Document:_____ **(Attach a copy of the authorizing document.)**

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: _____ Date: _____

City: _____ State: _____

Signature: _____

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:
The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should ***not*** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.

2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States*." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States*."

3. If an approved alien, write the identification number in the *"Admission/Registration #" field* and write the name of the authorizing document in the *"Authorizing Document"* field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)

4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.

5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.