INSTRUCTIONS FOR COMPLETING
DENTAL PROGRAM ONE TIME COMPLIANCE REPORT/QUESTIONAIRRE

- Once printed, complete, sign and date DPOTCRQ then return pages 1 through 12 at your earliest convenience to the following address:

  Attn: CCRWTF Pretreatment Program
  Cedar City Corporation
  Pretreatment Program
  10 N. Main St. Cedar City, Utah 84720

- Accepted signatures include authorized representative or duly-authorized representative of business.

- Once DOPTCRQ is completed, remember to keep a copy for your records.

- As applied to any section within this document please attach additional paperwork if more space is required.

- Please answer all sections within document and if you have no answer and/or section criteria is not applicable please answer N/A within section fields.

- If you have any questions concerning this DPOTCRQ please contact us using the information provided below.

  CCRWTF Pretreatment Program

  Pete Sury – Program Coordinator
  Office: 435-865-4552
  Email: spete@cedarcity.org

  Kurt Raffield – Pretreatment Specialist/Technician
  Office: 435-867-9430
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