

## 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](mailto:spete@cedarcity.org)*

*Kurt Raffield – Pretreatment Specialist/Technician  
Office: 435-867-9430  
Email: [rkurt@cedarcity.org](mailto:rkurt@cedarcity.org)*