



Swimming Pool/Spa Registration Form

Iowa Department of Inspections, Appeals, & Licensing
Swimming Pool/Spa Program
6200 Park Ave, Suite 100
Des Moines, IA 50321

For questions, contact:
env.health@dia.iowa.gov

- A non-refundable fee of \$35.00 for each swimming pool, spa, waterslide, etc that is required to be registered to the facility, must be included in the form of a check of money order
- Check or money order payment can be made out to DIAL(Iowa Department of Inspections, Appeals, & Licensing). Send to the address above
- Sign and date the form at the bottom of the second page. Incomplete forms will be returned

Facility Information			Owner/Representative Information		
Name of Facility:			Name of Corporation, Organization or Individual:		
Contact Person:			Contact Person:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone:	Fax:		Telephone:	Fax:	
E-mail:			E-mail:		
County where facility is located:					
Type of Owner (check one): <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Health Club <input type="checkbox"/> Country Club <input type="checkbox"/> Condominium/Homeowner Association <input type="checkbox"/> Apartment <input type="checkbox"/> Camp <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other*					
*If other, explain:					
Send invoices, renewal reminders, and registration to: <input type="checkbox"/> Facility Email <input type="checkbox"/> Owner/Representative Email					
Certified Pool Operator (CPO) Information					
Name		Certification Number		Expiration	
Certification Agency: <input type="checkbox"/> National Swimming Pool Foundation (NSPF) <input type="checkbox"/> National Recreation & Park Assoc. (NRPA) <input type="checkbox"/> Association of Pool & Spa Professionals (APSP) <input type="checkbox"/> American Swimming Pool & Spa Assoc. <input type="checkbox"/> Other (provide name of organization):					



Individual Swimming Pool, Spa, Waterslide, etc. Information			
#	<input type="checkbox"/> Pool 1,500 ft ² or greater (A)	<input type="checkbox"/> Pool less than 1,500 ft ² (B)	<input type="checkbox"/> Outdoor (1)
	<input type="checkbox"/> Wading Pool (C)	<input type="checkbox"/> Indoor (2)	
	<input type="checkbox"/> Waterslide (D)	<input type="checkbox"/> Wave Pool (E)	
	<input type="checkbox"/> Spa (F)	<input type="checkbox"/> Splash Pad (G)	
Pool or Spa:	Surface Area (ft ²):	Volume (gal):	
Waterslide:	Length (ft): _____	Location: _____	
	Construction: <input type="checkbox"/> Open flume	<input type="checkbox"/> Enclosed flume	Type: <input type="checkbox"/> Body slide <input type="checkbox"/> Raft ride
	Ends in: <input type="checkbox"/> Swimming pool	<input type="checkbox"/> Plunge pool	<input type="checkbox"/> Run out
Operating Period:	<input type="checkbox"/> Year-round	Hours of operation:	
	<input type="checkbox"/> Seasonal	(If seasonal, provide opening and closing dates)	

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Pool or Spa:	Surface Area (ft ²):	Volume (gal):	
Waterslide:	Length (ft): _____	Location: _____	
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	<input type="checkbox"/> Seasonal	(If seasonal, provide opening and closing dates)	

Make copies of this page if more information blocks are needed

Owner/Representative

Name (please print): _____

Signature: _____ Date: _____