



Swimming Pool & Spa Registration Form

Mail Form & Fee to: DIAL
Swimming Pool & Spa
6200 Park Ave, STE 100
Des Moines, Iowa 50321

Questions? Email: pools@dia.iowa.gov

Swimming Pool & Spa Info:

Facility Name

Contact Person

Facility Address

City State Zip

Phone

Email

County where the Facility is Located

Owner or Representative Info:

Corporation, Organization, or Individual Name

Contact Person

Address

City State Zip

Phone

Email

Email invoices, renewal reminders, and registration to:

- Facility Owner/Representative

Swimming Pool Facility Type:

- Municipal School Hotel Motel Health Club Country Club
 Condominium/Homeowner Association Apartment Camp County
 State Other (Explain): _____

Certified Pool Operator (CPO) Information:

Name Certification # Expiration Date

CPO Certification Agency:

- National Swimming Pool Foundation (NSPF) National Recreation & Park Assoc. (NRPA)
 Association of Pool & Spa Professionals (APSP) American Swimming Pool & Spa Assoc.
 Other (Provide the name of the organization:)



Complete one information block for each newly registered swimming pool, spa, waterslide, etc.
Make copies of this page if additional information blocks are needed

Individual Swimming Pool, Spa, Waterslide, etc. Information

Individual Pool, Spa, Waterslide, etc. Name: _____ <small>(As applicable)</small>	
<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"/> Wading Pool (C) <input type="checkbox"/> Waterslide (D) <input type="checkbox"/> Wave Pool (E) <input type="checkbox"/> Spa (F) <input type="checkbox"/> Splash Pad (G)	<input type="checkbox"/> Outdoor (1) <input type="checkbox"/> Indoor (2)
Pool or Spa: <small>(As applicable)</small>	Surface Area (ft ²): _____ Volume (gal): _____
Waterslide: <small>(As applicable)</small>	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 <input type="checkbox"/> Seasonal	Hours of operation: <small>(If seasonal, provide the opening and closing dates)</small>

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Operating Period: <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal	Hours of operation: <small>(If seasonal, provide the opening and closing dates)</small>



Online Renewal Setup

After your swimming pool is registered for the first time, you can link your online account to your swimming pool facility.

Linked accounts can renew the swimming pool registration and pay fees online.

The online licensing portal can be accessed using this link:

<https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index>

Click New User Registration to create a new account.

Online accounts are also used for personal licenses. Therefore, you will be asked to provide an SSN. Your personal account information remains separate from the swimming pool facility registration.

If your account is used only for renewing the swimming pool registration, you can use an EIN instead of an SSN when setting up your account.

After you create an account, you will be assigned a People ID Number (PIN) that is viewable from your My Profile page. Provide the authorized contact's name and PIN below to link their account:

Name:	<input type="text"/>	PIN:	<input type="text"/>
Name #2:	<input type="text"/>	PIN #2:	<input type="text"/>

Registration Fees:

A non-refundable fee of \$35.00 must be included for each swimming pool, spa, or aquatic feature that is required to be registered at the facility.

(Indicate number of each in the appropriate box below.)

TYPE	QTY	INDOOR	OUTDOOR
Swimming Pool			
1,500 sq ft or greater			
Less than 1,500 sq ft			
Spa			
1,500 sq ft or greater			
Less than 1,500 sq ft			
Aquatic Feature			
Waterslide			
Wave Pool			
Wading Pool			
Splash Pad/Spray Pad			
Pools, Spas & Aquatic Features TOTAL:			

x \$35.00 = < Fee TOTAL

Authorized Representative Signature:

Owner/Representative

Name (please print): _____

Signature: _____

Date: _____