



## Renewal Registration for Swimming Pool/Spa

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

- Mail the completed form and check/money order to the department at the top of the form

Facility Information				Owner/Representative Information			
Facility Name		Facility #		Name of Corporation, Organization, or Individual			
Contact Person				Contact Person			
Physical Address				Address			
City		State	Zip	City		State	Zip
Telephone				Telephone			
Email				Email			
County where the facility is located							

Swimming Pool Info	
1. Email all correspondence to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner	2. Operating Hours: _____
3. Operating Period: <input type="checkbox"/> All Year <input type="checkbox"/> Seasonal	3a. If seasonal, provide opening and closing dates: _____
4. Have there been changes to the pool/spa features, equipment, or reconstruction since the previous annual registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If Yes, what changes: _____	
5. Please indicate if the facility's CPO, owner, or name has changed since the previous annual registration. <input type="checkbox"/> CPO <input type="checkbox"/> Owner * <input type="checkbox"/> Facility Name* <input type="checkbox"/> N/A *If the owner or facility name changed, please submit a Record Change form and fee.	

Certified Pool Operator (CPO)		
Name	Certification Number	Expiration
_____	_____	_____



**Fees**

- A non-refundable fee of \$35 must be included for each swimming pool, spa, or aquatic feature that is required to be registered at the facility.
- Late fees start May 1 each year.
- Late fees are \$25 per month for **each** pool, spa, and aquatic feature.

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

TYPE	QTY	INDOOR	OUTDOOR
<b>Swimming Pool</b>			
1,500 sq ft or greater			
Less than 1,500 sq ft			
<b>Spa</b>			
1,500 sq ft or greater			
Less than 1,500 sq ft			
<b>Aquatic Feature</b>			
Waterslide			
Wave Pool			
Wading Pool			
Splash Pad/Spray Pad			
<b>Pools, Spas &amp; Aquatic Features</b>			
<b>TOTAL:</b>	x \$35.00 =		< Fee TOTAL

**Affirmation**

Owner/Representative:

Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_