IOWA | Department of Inspections, Appeals, & Licensing

Swimming Pool & Spa
Record Change Form

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

Questions? Email: pools@dia.iowa.gov

Record Change Info

Record Change Type:
☐ Ownership ☐ Name/Franchise ☐ Contact Info ☐ Other (Explain): _____

Effective date the change took place: _____

Present facility name: _____

Are you planning to change the facility name?
☐ Yes ☐ No

Swimming Pool & Spa Info:

New Facility Name (if applicable)

Contact Person

Facility Address

City | State | Zip
IA

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 all correspondence to:

☐ Swimming Pool & Spa Contact Person ☐ Owner or Representative Contact Person

Certified Pool Operator (CPO) Information

Name | Certification # | Expiration Date

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

Record Change Fees:

The non-refundable $20.00 fee for each swimming pool, spa, or aquatic feature that is registered at the facility only applies if this record change for an ownership change (facility was sold and purchased) or facility/franchise name change.

(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 $20.00 =		**< Fee TOTAL**

Click to Reset Fee Table

Authorized Representative Signature:

Owner/Representative Name (Please print): _____

Signature: _____ Date: _____