



Record Change Form for Swimming Facility

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

- There is a nonrefundable \$20 fee for each swimming pool, spa, waterslide, etc. that is required to be registered to the facility.
- Mail the completed form and a check/money order to the department at the top of the form.

Type of Record Change: Ownership Name/Franchise Other (explain):

*Effective date change took place (required):

Current Facility Number (see registration card):

Current Facility Name:

Are you planning to change the facility name: Yes No

Current Owner Name:

Facility Information	Owner/Representative Information						
New Facility Name (if applicable)	New Name of Corporation, Organization or Individual						
Contact Person	Contact Person						
Physical Address	Address						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> </tr> </table>	City	State	Zip	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> </tr> </table>	City	State	Zip
City	State	Zip					
City	State	Zip					
Telephone	Telephone						
Email	Email						
County where facility is located:							
Email all correspondence to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner							
Certified Pool Operator (CPO) Information							
Name	Certification Number	Expiration					
Certification Agency: <input type="checkbox"/> Nat'l Swimming Pool Foundation (NSPF) <input type="checkbox"/> Nat'l Recreation and Park Association (NRPA)							
<input type="checkbox"/> Association of Pool & Spa Professional (APSP) <input type="checkbox"/> American Swimming Pool and Spa Association							
<input type="checkbox"/> Other (provide name of organization):							

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			

Owner/Representative

Name (please print) _____

Signature _____

Date _____