



# Swimming Pool/Spa Record Change Form

Iowa Department of Public Health  
Swimming Pool & Spa Program  
321 E 12th Street, Des Moines, Iowa 50319-0075

- **A nonrefundable fee of \$20 must be included, in the form of a check or money order, for each swimming pool, spa, waterslide, etc. that is required to be registered at the facility.**
- **Make check/MO payable to: Iowa Department of Public Health and send to address above.**
- **Sign and date form at the bottom of second page.**

Type of Record Change: <input type="checkbox"/> Ownership <input type="checkbox"/> Name/Franchise <input type="checkbox"/> Other (explain):			
If change in ownership, provide date change took place:			
Current Facility Number (see registration card):			
<b>Facility Information</b>		<b>Owner Information</b>	
Name of Facility:		Name of Corporation, Organization or Individual:	
Contact Person:		Contact Person:	
Address:		Address:	
City:	State: IA	Zip:	
City:	State:	Zip:	
Telephone:	Fax:	Telephone:	Fax:
E-mail:		E-mail:	
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 Assoc. <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 to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner		Send registration cards to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner	

<b>Certified Pool Operator (CPO) Information</b>		
Name:	Certification Number:	Expiration Date:
Certification Agency: <input type="checkbox"/> National Swimming Pool Foundation (NSPF) <input type="checkbox"/> National Recreation and Park Association (NRPA) <input type="checkbox"/> Association of Pool & Spa Professionals (APSP) <input type="checkbox"/> American Swimming Pool and Spa Association <input type="checkbox"/> Other (provide name of organization):		

<b>Individual Swimming Pool, Spa, Waterslide, etc. Information</b>			
<b>001</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (B) <input type="checkbox"/> Wading Pool (C)		<input type="checkbox"/> Outdoor (1)
	<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"/> Indoor (2)
Pool or Spa:	Surface Area (ft <sup>2</sup> ):	Volume (gal):	
Water Slide:	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:		
If seasonal provide opening and closing dates:			

<b>002</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (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:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    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: _____
If seasonal provide opening and closing dates: _____		

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<b>003</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (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:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    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: _____
If seasonal provide opening and closing dates: _____		

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<b>004</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (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:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    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: _____
If seasonal provide opening and closing dates: _____		

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<b>005</b>	<input type="checkbox"/> Pool 1,500 ft <sup>2</sup> or greater (A) <input type="checkbox"/> Pool less than 1,500 ft <sup>2</sup> (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:    Surface Area (ft <sup>2</sup> ): _____    Volume (gal): _____		
Water Slide:    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: _____
If seasonal provide opening and closing dates: _____		

**If more than 5 information blocks are needed make copies of this page.**

**Owner/Representative**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_