



**Iowa Department of Public Health**  
Swimming Pool & Spa Program

## RENEWAL REGISTRATION FOR SWIMMING FACILITY

Facility Information			Owner/Representative Information		
Name of Facility		Facility Number	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 facility is located:					
Email all correspondence to: <input type="checkbox"/> Facility <input type="checkbox"/> Owner					
<b>Operating Period:</b> <input type="checkbox"/> School Year <input type="checkbox"/> Seasonal* <input type="checkbox"/> Year Round *If seasonal provide opening and closing dates:			<b>Operating Hours:</b>		
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					
If yes, what changes:					
Please indicate if the CPO, Owner or both of the facility have changed since the previous annual registration. <input type="checkbox"/> CPO <input type="checkbox"/> Owner* <input type="checkbox"/> Both <input type="checkbox"/> N/A *If the owner or facility name have changed, you must complete a Record Change Form located on our website at: <a href="https://www.idph.iowa.gov/swimmingpoolsandspas/registration/new">https://www.idph.iowa.gov/swimmingpoolsandspas/registration/new</a>					
<b>Certified Pool Operator (CPO)</b>					
Name		Certification Number		Expiration	

**Owner/Representative**

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

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

**TYPE OF SWIMMING EQUIPMENT:**

*(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			

**FEES:**

**A non-refundable fee of \$35 for each swimming pool, spa, waterslide, etc. that is required to be registered at the facility, must be included.**

**\*\*Late fees start May 1 each year. The fee is \$25 per month for each piece of equipment.\*\***

**Make check or money order payable to:**

Iowa Department of Public Health  
Swimming Pool & Spa Program  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319-0075