



**Iowa Department of Public Health**

Swimming Pool & Spa Program

321 E. 12<sup>th</sup> Street

Des Moines, IA 50319-0075

(515) 724-4209

**RECORD CHANGE FORM FOR SWIMMING FACILITY**

A non-refundable application fee must be included in the form of a check or money order. Please see page two of this application for a fee table.

Type of Record Change: <input type="checkbox"/> Ownership <input type="checkbox"/> Name/Franchise <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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		
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):					

**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 \$20 for each swimming pool, spa, waterslide, etc. that is required to be registered at the facility, must be included.**

**\*Sign and date form at the bottom of the first page.**

**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

If you have any questions, please call (515) 724-4209.