

# Swimming Pool/Spa Registration Form

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

**A separate registration form is required for each pool, water slide and spa.**

Facility		Billing Address		
Name of Facility		Corporation/Organization		
Certified Operator (CPO)		Contact Person		
Address		Address		
City	Zip	City	State	Zip
Telephone	Fax	Telephone	Fax	
E-mail		E-mail		

Type of Pool (check one)		Type of Owner (check one)	
<input type="checkbox"/> Pool 1500 ft <sup>2</sup> or greater (Class A)	<input type="checkbox"/> Waterslide	<input type="checkbox"/> Municipal	<input type="checkbox"/> Hotel
<input type="checkbox"/> Pool less than 1500 ft <sup>2</sup> (Class B)	<input type="checkbox"/> Wave Pool	<input type="checkbox"/> School	<input type="checkbox"/> Motel
<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Health Club	<input type="checkbox"/> County
<b>Pool Information</b>		<input type="checkbox"/> Country Club	<input type="checkbox"/> State
Surface Area (ft <sup>2</sup> )	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Condominium or Homeowner Association	<input type="checkbox"/> Camp
Volume (gal)		<input type="checkbox"/> Apartment	<input type="checkbox"/> Other
<b>Waterslide Information</b>		<b>Months Open (check all that apply)</b>	
Length (ft)	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun		
Location	<input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
<input type="checkbox"/> Open flume	<input type="checkbox"/> Enclosed	<b>Hours of Operation</b>	
<input type="checkbox"/> Body slide	<input type="checkbox"/> Raft ride		

**A fee of \$35 must be included for each registration form submitted**

Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_  
 588-2749 (12/10)