IOWA | Department of Inspections, Appeals, & Licensing

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Swimming Pool & Spa
Registration Form

Mail Form & Fee to: DIAL
Swimming Pool & Spa
6200 Park Ave, STE 100
Des Moines, Iowa 50321

Questions? Email: pools@dia.iowa.gov

Swimming Pool & Spa Info:

Facility Name

Contact Person

Facility Address

City | State (IA) | Zip

Phone

Email

County where the Facility is Located

Owner or Representative Info:

Corporation, Organization, or Individual Name

Contact Person

Address

City | State | Zip

Phone

Email

Email invoices, renewal reminders, and registration to:

☐ Facility ☐ Owner/Representative

Swimming Pool Facility Type:

☐ Municipal ☐ School ☐ Hotel ☐ Motel ☐ Health Club ☐ Country Club
☐ Condominium/Homeowner Association ☐ Apartment ☐ Camp ☐ County
☐ State ☐ Other (Explain):_____

Certified Pool Operator (CPO) Information:

Name | Certification # | Expiration Date

CPO Certification Agency:

☐ National Swimming Pool Foundation (NSPF) ☐ National Recreation & Park Assoc. (NRPA)
☐ Association of Pool & Spa Professionals (APSP) ☐ American Swimming Pool & Spa Assoc.
☐ Other (Provide the name of the organization):

Complete one information block for each newly registered swimming pool, spa, waterslide, etc.
Make copies of this page if additional information blocks are needed

Individual Swimming Pool, Spa, Waterslide, etc. Information

Individual Pool, Spa, Waterslide, etc. Name: ____________________
(As applicable)

☐ Pool 1,500 ft² or greater (A) ☐ Pool less than 1,500 ft² (B) ☐ Wading Pool (C)
☐ Waterslide (D) ☐ Wave Pool (E) ☐ Spa (F) ☐ Splash Pad (G)

☐ Outdoor (1)
☐ Indoor (2)

Pool or Spa: (As applicable) Surface Area (ft²): __________ Volume (gal): __________

Waterslide: (As applicable)
Length (ft): ________ Location: ____________________
Construction: ☐ Open flume ☐ Enclosed flume | Type: ☐ Body slide ☐ Raft ride
Ends in: ☐ Swimming pool ☐ Plunge pool ☐ Run out

Operating Period:
☐ Year-round ☐ Seasonal

Hours of operation:
(If seasonal, provide the opening and closing dates)

Click to Reset Radio Buttons

Individual Swimming Pool, Spa, Waterslide, etc. Information

Individual Pool, Spa, Waterslide, etc. Name: ____________________
(As applicable)

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Pool or Spa: (As applicable) Surface Area (ft²): __________ Volume (gal): __________

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Length (ft): ________ Location: ____________________
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Online Renewal Setup

After your swimming pool is registered for the first time, you can link your online account to your swimming pool facility.
Linked accounts can renew the swimming pool registration and pay fees online.

The online licensing portal can be accessed using this link:
https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index

Click New User Registration to create a new account.

Online accounts are also used for personal licenses. Therefore, you will be asked to provide an SSN. Your personal account information remains separate from the swimming pool facility registration.

If your account is used only for renewing the swimming pool registration, you can use an EIN instead of an SSN when setting up your account.

After you create an account, you will be assigned a People ID Number (PIN) that is viewable from your My Profile page. Provide the authorized contact's name and PIN below to link their account:

Name:		PIN:	
Name #2:		PIN #2:	

Registration Fees:

A non-refundable fee of $35.00 must be included for each swimming pool, spa, or aquatic feature that is required to be registered at the facility.

(Indicate number of each in the appropriate box below.)

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		☐	☐
Pools, Spas & Aquatic Features TOTAL:	x $35.00 =		< Fee TOTAL

Click to Reset Fee Table

Authorized Representative Signature:

Owner/Representative

Name (please print): _____

Signature: _____ Date: _____