



Application Date: _____

General Information

Facility Information

Name of Establishment:		
Street Address:		Phone:
City:		Cell:
State:	Zip:	Fax:
Mailing Address <i>(if different than above)</i> :		
City:		
State:	Zip:	Email:

Applicant Information

Name of Owner:		
Individual or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State:	Zip:	Email:

Type of Facility		
Select one: <input type="checkbox"/> Pool <input type="checkbox"/> Spa		

The following requirements shall be met prior to a facility receiving
an operating permit (check all applicable boxes):

<input type="checkbox"/>	Hotel/Motel:		Indoor		Outdoor
<input type="checkbox"/>	HOA:		Indoor		Outdoor
<input type="checkbox"/>	Municipal:		Indoor		Outdoor
<input type="checkbox"/>	Camp/Club:		Indoor		Outdoor

Classification of Facility

	Class A		Class B
	Class D		Class C
			Other

A satisfactory inspection of the facility shall be performed:
Class A and C Pools shall provide lifeguard certifications, a 10/20 Guest Protection Standard, and Guest Protection Zone Plan.



Annual Application Payment Fee			
Class A \$150.00	Class B <i>See fee schedule below</i>	Class C \$150.00	Class D \$150.00
<input type="checkbox"/> Pool	<input type="checkbox"/> \$100 600 sq. feet	<input type="checkbox"/> Pool	<input type="checkbox"/> Pool
<input type="checkbox"/> Spa	<input type="checkbox"/> \$125 > 600 + sq. feet	<i>For all Class C pools including spray pads and Aquatic facilities</i>	<i>For all Class D pools</i>
<i>For Class A pools and spas</i>	<input type="checkbox"/> \$150 1,000 sq. feet		
Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____
Payment for all applicable fees per 7.18.2 NMAC are due upon completion and approval of a <u>SATISFACTORY</u> Inspection. Please make checks/money orders payable to: NMED Aquatics Program			

Signatures

Applicant's Signature Page
Comments:
STATEMENT: No person shall operate a public pool, spa or bath without an operating permit from NMED-EHD. Each public pool at a facility or site shall be permitted separately. The designated Certified Operator of a public pool / spa should be present for the inspection. Operating permits are non-transferable between facilities or persons.
<div style="display: flex; justify-content: space-between;"> Applicant or responsible representative(s) Signature / Title _____ Date _____ </div>

NMED Use Only	
Inspector Review Comments:	
Signature: _____	Date: _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Office	Establishment
District:	Permit #:
Field Office:	Bather Load #:
Inspector:	Type:
Review Date:	Date Opened: _____ Date Closed: _____