

# Rhode Island Aquatic Venue Information Update Form

## Instructions

- Aquatic venues should notify the Center for Drinking Water Quality (DWQ) of changes to key administrative, managerial, and operational personnel within 72 hours.
- Aquatic venues should provide DWQ with an email address for its owner and/or administrative contact and, where applicable, its operator in charge. At least one of these emails should be checked at least once per day (Monday-Friday) for messages from DWQ.
- Changes will not be made without written consent from the owner (or owner representative) evidenced by the signing of this request.

### **Section 1: FACILITY INFORMATION**

- Complete Section 1, even if there are no changes to facility information.

### **Sections 2 - 6: ONLY COMPLETE IF CHANGES HAVE OCCURRED TO YOUR AQUATIC VENUE**

- Mark the appropriate checkbox ( NO CHANGES) to indicate no changes to a section if existing contact information has not changed.

### **Note: Changes in Aquatic Venue Ownership Require Additional Documentation**

DWQ should be notified of proposed changes to ownership of any property affecting the aquatic venue(s). A License Transfer Application is required in this case.

Please email this form back to DWQ at [DOH.RIDWQ@health.ri.gov](mailto:DOH.RIDWQ@health.ri.gov) or mail to Department of Health, Center for Drinking Water Quality, Three Capitol Hill, Room 209, Providence, RI 02908.

# Rhode Island Aquatic Venue Information Update Form

Internal Use Only
DWQ Reviewer _____ (Initials)
SWM _____
SW _____
MLO <input type="checkbox"/> _____ (Date)
SDWIS <input type="checkbox"/> _____ (Date)

## 1) FACILITY INFORMATION:

**Name:** \_\_\_\_\_ **SWM ID#:** \_\_\_\_\_

Provide the "Common Name" of the aquatic venue exactly as it appears on the license. Address should be the physical location of the aquatic venue.

MANDATORY

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*\*Changes in ownership require additional documentation. DWQ should be notified of proposed changes to ownership of any property affecting the aquatic venues, at 401-222-6867 for a License Transfer Application.

## 2) AC - ADMINISTRATIVE CONTACT: NO CHANGES

List the individual responsible for general and legal correspondence. This individual will receive mail, emails and notices related to annual self-inspections.

MANDATORY

**Contact Name:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 3) OP - OPERATOR IN CHARGE: CERTIFIED POOL OPERATOR NO OPERATOR IN CHARGE (CPO)

Complete this section if there is an operator in charge. Please check the *certified pool operator* box only if the operator has a CPO certification.

**Contact Name and Title:** \_\_\_\_\_ **Lic. # (s):** \_\_\_\_\_  
 Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_  
 (mm/dd/yyyy)

MANDATORY

**4) EC – EMERGENCY CONTACT(S):**  **NO CHANGES**

You should list an individual who is available and able to be reached in the event of an emergency; however, they are not considered the aquatic venue contact for regular administrative, operational, or financial correspondence unless otherwise designated in this form.

**Contact Name and Title:**

Street Address: PO Box:  
City: ZIP:  
Phone: Emergency Phone:  
Fax: E-mail:

**5)  OT – OTHER or  NO CHANGES**

List other contact associated with the aquatic venue that does not fall into any of the categories on this form.

**Contact Name and Title:**

Lic. # (s):

Street Address: PO Box:  
City: ZIP:  
Phone: Emergency Phone:  
Fax: E-mail: Date of Hire:  
(mm/dd/yyyy)

**6) AQUATIC VENUE CHANGES/UPGRADES:**  **NO CHANGES**

If you are planning to make physical changes to your aquatic venue, read Section 4.4. of the Licensing Aquatic Venues Regulations (216-RICR-50-05-4)\* or visit the Aquatic Venue Licensing webpage\*\* to find information about license renewals, download required forms for making updates to existing venues or new construction, and to find the application to license a new aquatic venue.

**INFORMATION PROVIDED BY**

Owner Name and Title (Printed)

Signature

Date

\* <https://rules.sos.ri.gov/regulations/part/216-50-05-4>

\*\*Go to <https://health.ri.gov/licensing> and select "Aquatic Venue" from the list.