MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
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www.montgomerycountymd.gov/licensure

AMERICANS WITH DISABILITIES ACT (ADA) AFFIDAVIT FOR MARYLAND PUBLIC POOLS AND SPAS

Who should use this form?
Maryland pools and spas regulated by the Department of Health and Human Services
Why must I complete this form?
To document the pool or spa compliance status with the 2010 ADA Standards for Accessible Design
When do I need to submit this form to the local health department?
With your annual application for an operating permit
What happens if the form is not submitted?
The operating permit for the pool or spa will be denied or suspended

Maryland pools and spas regulated by the Department of Health and Human Services are required to comply with disability access laws (COMAR 10.17.01.37). The U.S. Department of Justice (USDOJ) published revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 ("ADA") in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design ("2010 Standards" or "Standards"), which are available online at http://www.ada.gov/2010ADAstandards_index.htm. The 2010 Standards set minimum requirements – both scoping and technical – for State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities. To determine if your facility is required to meet the 2010 ADA Standards, please see the information and guidance on the ADA website, for example, http://www.ada.gov/pools_2010.htm, contact the USDOJ for assistance at ***1-800-514-0301***, or consult with your attorney. For pools, wading pools, and spas built before March 15, 2012, the 2010 ADA Standards go into effect ***on January 31, 2013***.

Provide the following information about your facility:

Name of Owner: _____	Name of Facility: _____
Mailing Address: _____	Facility Address: _____
City, Zip: _____	City, Zip: _____

Contact name: _____ Phone number(s): _____

Contact email: _____

Check one of the following regarding compliance with the 2010 ADA Standards:

- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards and **fully comply** with these Standards.
- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but compliance is **"not readily achievable"** at this time (see, for example, http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.htm#readilyachievable).
- ☐ The pools and/or spas located at this facility **are not required** to meet the 2010 ADA Standards.
- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but **do not** meet the Standards.

Owner's Statement:
I have carefully examined and read this form and understand that providing false information may result in denial, suspension or revocation of an operating permit. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing affidavit are true.

_____

Signature Title Date