

DRAIN COVER RECALL VERIFICATION FORM

The undersigned named Builder, Pool Service Professional, and/or Installer ("Installer") hereby, certifies that he/she has properly installed a replacement or retro-fit drain cover or covers pursuant to the May __, 2011 CPSC recall of certain **[insert Manufacturer's name]** drain covers. In addition, the Installer further certifies that the replacement or retrofit drain cover or covers have been installed consistent with **[Manufacturer's]** instructions.

Installer acknowledges and understands that failure to fully complete this Verification Form may result in a delay or non-payment for any such installation or related work until the following three (3) conditions are fulfilled: (1) Pool Owners/Operators must register with the manufacturer of the recalled drain cover and where applicable, the Installer must be authorized by the manufacturer to perform the replacement or retrofit of the recalled covers (2) the Verification Form has been fully completed by the Installer and submitted to the Manufacturer and (3) the original drain cover(s) that were replaced are returned to Manufacturer at the following address **[insert Manufacturer's address]**. There is no requirement to return drain covers if the drain cover has received a retrofit. An invoice detailing the charges must be submitted. Only reasonable charges will be reimbursed.

The Installer Certifies that the pool/in-ground spa in which the cover was replaced was a:

<input type="checkbox"/> Wading pool (sometimes called "kiddie pool"), or	
<input type="checkbox"/> Fountain	<input type="checkbox"/> Splash Pad
<input type="checkbox"/> In-ground spa	<input type="checkbox"/> Other
<input type="checkbox"/> Pool with a single drain	

Date of Installation _____ # of Drain Covers Installed _____

Model # of Replaced/Original Drain Covers _____

of Drains installed with Retrofit _____ Model # of Retrofit for Drain Cover _____

Name of Pool Owner/Operator _____

Pool Location/Address _____

Signature of Installer _____ Signature of Owner/Operator (OPTIONAL) _____

Title: _____

Address: _____

Phone #: _____

Date: _____

Address: _____

Phone #: _____

Date: _____