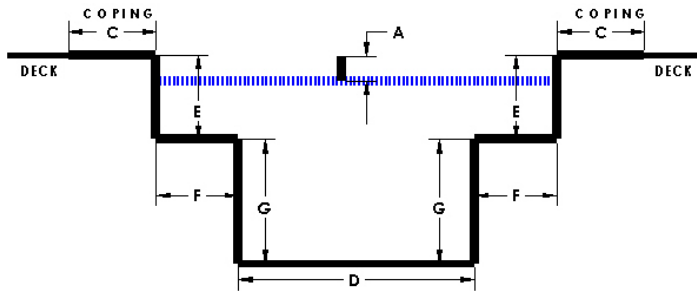
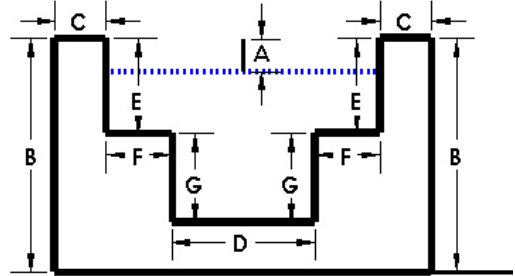


1. Preferred Lift:  PAL  PAL2  Splash!  Splash! 300  aXs2  multiLift  ML300

In-Ground Spa



Above Ground Spa



2. Spa Shape










OTHER\*

\*If none of the images above match your gutter configuration, please draw the shape on a separate piece of paper and attach.

3. Facility Type (check one):  Health Club  Hospitality  Public Pool  Residential  Commercial

4. Deck (check one):  New Construction  Pre-existing

5. Deck Material (check one):  Concrete  Pavers

6. Distance from spa deck to water line (A): \_\_\_\_\_

7. Height of curb (B): \_\_\_\_\_

8. Width of curb (C): \_\_\_\_\_

9. Width of spa floor (D): \_\_\_\_\_

10. Depth of seat (E): \_\_\_\_\_

11. Width of seat (F): \_\_\_\_\_

12. Spa seat to floor (G): \_\_\_\_\_

13. Decorative stone setback: \_\_\_\_\_

14. Spa location:  Floor Level  Story Level # \_\_\_\_\_

**SPA**

Check this box to confirm that you have verified the location of the lift will meet the ADA Clear Deck Space Requirement (1009.2.3):

"On the side of the seat opposite the water, a clear deck space shall be provided parallel with the seat. The space shall be 36" wide minimum and shall extend forward 48" minimum from a line located 12" behind the rear edge of the seat."

Note: Pool lifts are application specific. Please provide accurate measurements for your pool in the space provided. S.R.Smith will confirm that the lift selected will meet the location and installation requirements based on the ADA Design Standards (2010) or suggest an alternative lift that will meet the requirements. S.R.Smith bears no responsibility due to misapplication of a lift without a completed Deck Profile Sheet on record.

**Fax this completed form to 503.266.4334, email to lifts@srsmith.com, or complete the form online at www.srsmith.com/liftprofile. Call toll free 800.824.4387**

Name of Distributor Lift Will Be Purchased From \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Property or Project Name \_\_\_\_\_ City, State \_\_\_\_\_ PO Number \_\_\_\_\_

**S.R.Smith Use Only**

APPROVAL# \_\_\_\_\_  PAL  PAL HI/LO  PAL SPA  PAL2  SPLASH  
 SPLASH HI/LO  SPLASH ER  SPLASH ER HI/LO  SPLASH SPA  SPLASH 300  MULTILIFT  
 SPLASH 300 HI/LO  SPLASH W/ROUND POST  AXS2  AXS2 W/ROUND POST  ML300