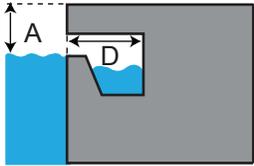


*Deck profile sheet must accompany your pool lift order

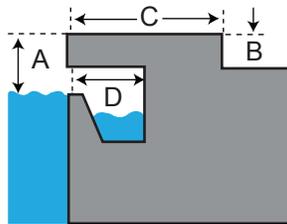
1. Preferred Lift: PAL PAL2 Splash! Splash! 300 aXs multiLift ML300

2. Gutter Configuration:

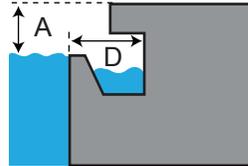
Fully recessed gutter



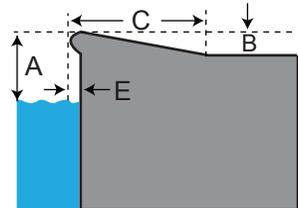
Fully recessed gutter w/parapet



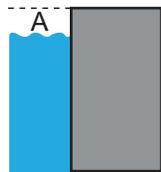
Partially recessed gutter



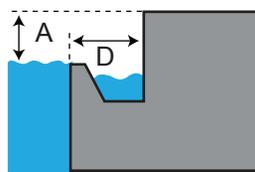
Bull Nose Coping



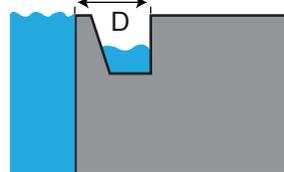
Standard backyard pool



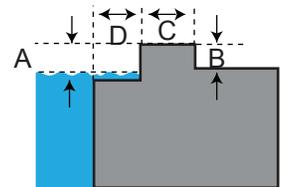
Rollout gutter



Flush gutter and deck w/ or w/o bullnose



Florida Rollout w/curb



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

3. Deck Material (check one): Concrete Pavers

POOL

4. Distance from pool deck to water line (A): _____

5. Height of curb (B): _____

6. Width of curb (C): _____

7. Width of gutter (D): _____

8. Bull Nose Radius (E): _____

9. Decorative stone setback: _____

10. Is your pool located on the ground level? Yes No

Check this box to confirm that you have checked to make sure 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 _____ 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 SPLASH W/ROUND POST AXS MULTILIFT ML300