

# AMENDMENT AFFIDAVIT

Complete this side for deleting or exchanging beds/booths

<b>OFFICE USE ONLY</b>	
Registration #	_____
Reviewed by	_____
Amend	Date _____
Comment	_____

Registration Number \_\_\_\_\_

State of North Carolina in the County of \_\_\_\_\_

I, the undersigned \_\_\_\_\_, owner of  
(Print your name)  
\_\_\_\_\_, being duly sworn do verify or affirm the  
(Print name of Tanning Facility on Registration)

following:

As of the \_\_\_\_\_ I changed the status of my current tanning registration.  
(Month/Day/Year)

*Please check and/or completely fill out as applicable:*

- I currently own **ONE** tanning unit **exclusively** for my *personal use* as evidence by the fact that I do not possess any tanning equipment in any area of my business (or, if my business is in my home, in any area of my home) accessible to my employees or any member of the general public.
- I currently have \_\_\_\_\_ (# of tanning units) **stored for resale** and/or \_\_\_\_\_ (# of tanning units) for **parts only** (non-operational) or \_\_\_\_\_ (# of tanning units) **junked**.
- I sold, gave, or exchanged \_\_\_\_\_ (# of tanning units) tanning units to the **business(s)** \_\_\_\_\_ or **individual(s)** \_\_\_\_\_ or **personal use** \_\_\_\_\_ listed below:

\_\_\_\_\_  
(Print name of person or business receiving equipment)

\_\_\_\_\_  
(Complete mailing address)

\_\_\_\_\_  
(City, State, Zip Code) \_\_\_\_\_ (Phone Number)

Bed Name \_\_\_\_\_ Serial Number \_\_\_\_\_

I have personally completed the statement above and attest to its veracity, and I hereby request my registration to be amended. To amend your registration, the application must be completed and signed on the reverse side.

\_\_\_\_\_  
(Signature of owner)

\_\_\_\_\_  
(Date)

## AMENDMENT FORM

### **COMPLETE THIS SIDE FOR MAKING ANY CHANGES TO YOUR REGISTRATION**

REGISTRATION OF "TANNING FACILITIES" IS REQUIRED BY RULE 15A NCAC 11 .1405. THE REGISTRANT SHALL NOTIFY THE AGENCY BEFORE MAKING ANY CHANGE WHICH WOULD RENDER INFORMATION CONTAINED IN THIS APPLICATION NO LONGER ACCURATE.

*Registration Number* \_\_\_\_\_

PHYSICAL ADDRESS: (Where the tanning equipment is located). Please list your equipment below & sign.

Facility Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Facility Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

\*\*\* Use Additional Paper if Necessary \*\*\*

BED/BOOTH NAME	MODEL #	SERIAL #	DATE Manufactured	BED	BOOTH	FACIAL	# of UNITS
<b>SUM TOTAL of All UNITS Listed</b>							

PURSUANT TO 15A NCAC .1405(d), THE APPLICANT CERTIFIES THAT SHE/HE HAS READ AND UNDERSTANDS THE REQUIREMENTS OF THE RULES CONTAINED IN 15A NCAC 11 .1400, AND THAT ALL INFORMATIN CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF HER/HIS KNOWLEDGE.

SIGNATURE OF REGISTRANT \_\_\_\_\_ DATE \_\_\_\_\_