



TANNING FACILITY APPLICATION

Initial Registration Amended Registration Renewal Registration We've moved Reg. No _____

1. PHYSICAL ADDRESS (Where the tanning equipment is located) Please list your equipment on the 2nd sheet & sign

Facility Name: _____ Phone Number: (____) _____
Facility Contact: _____ Fax Number: (____) _____
Facility Address: _____ E-mail: _____
City: _____ County: _____ State: _____ Zip Code + 4 _____

2. MAILING ADDRESS (If different than item 1):

Mailing Address: _____
City: _____ State: _____ Zip Code + 4 _____
Phone Number: (____) _____

4. OWNER, PARTNER OR CORPORATE OFFICER:

Owner's Cell Number: (____) _____

Owner's Name: _____ Owner's Phone Number: (____) _____

Owner's Home Address: _____ City: _____ State: _____ Zip Code _____

CORPORATE NAME: _____

5. TYPE OF FACILITY

Tanning Salon Beauty Salon Fitness Center Nail Salon Other (specify) _____

6. NAME(s) AND ADDRESS(es) OF:

Tanning Equipment/Business Purchased From: _____ **Old Registration Number**

Installed By: _____

Parts and Components Supplier: _____

Service Agent: _____

7. You must submit a copy of the tanning operator training certificates for all tanning facility operators along with any associated fees with the initial application to expedite registration.

The registrant shall only use tanning equipment manufactured in accordance with the specifications set forth in 21 Code of Federal Regulations, Part 1040, Section .20, "sunlamp products and ultraviolet lamps intended for use in sunlamp products.." If a machine is deleted, notify this agency as to the purchaser, their address and the date of transfer.

LIST EACH TANNING UNIT SEPARATELY

Check appropriate box for each tanning unit

Room # and/or Room Name	Manufacturer	Model Number/Name	Serial Number	Date Manufactured	Type of Unit	
					Bed	Booth
TOTAL UNITS						

8. LIST Deleted Units Stored Taken by Service Company Sold Out of State Salvaged

9. Please print name of recipient of sold, deleted or "for personal use" tanning unit(s): Individual or Business (circle)

Name: _____ Phone Number: (____) _____ Cell: (____) _____

Address: _____ City: _____ State: _____ Zip Code _____

10. Each operator listed below must have received authorized training in at least the six items in Rule .1418(g). List each operator below and check the applicable box(s).

Operator (s) Name	Training Instructor/Company Name or Community College Name	Date of Training Class

11. PURSUANT TO 15A NCAC 11 .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 INFORMATION CONTAINED HERIN IS TRUE AND CORRECT TO THE BEST OF HER/HIS KNOWLEDGE.

SIGNATURE OF APPLICANT (OWNER) _____ **DATE** _____

Tanning Supplemental Sheet for Additional Units and Operators

<p>You must submit a copy of the tanning operator training certificates for all tanning facility operators along with any associated fees with the initial application to expedite registration.</p> <p>The registrant shall only use tanning equipment manufactured in accordance with the specifications set forth in 21 Code of Federal Regulations, Part 1040, Section .20, "sunlamp products and ultraviolet lamps intended for use in sunlamp products." If a machine is deleted, notify this agency as to the purchaser, their address and the date of transfer.</p> <p style="text-align: center;">LIST EACH TANNING UNIT SEPARATELY</p>					<p>Check appropriate box for each tanning unit</p>	
Room # and/or Room Name	Manufacturer	Model Number/Name	Serial Number	Date Manufactured	Type of Unit	
					Bed	Booth
TOTAL UNITS						

LIST Deleted Units Stored Taken by Service Company Sold Out of State Salvaged

Please print name of recipient of sold, deleted or "for personal use" tanning unit(s): Individual or Business (circle)

Name: _____ Phone Number: (____) _____ Cell: (____) _____

Address: _____ City: _____ State: ____ Zip Code _____

Each operator listed below must have received authorized training in at least the six items in Rule .1418(g). List each operator below and check the applicable box(s).

Operator (s) Name	Training Instructor/Company Name or Community College Name	Date of Training Class

PURSUANT TO 15A NCAC 11 .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 INFORMATION CONTAINED HERIN IS TRUE AND CORRECT TO THE BEST OF HER/HIS KNOWLEDGE.

SIGNATURE OF APPLICANT (OWNER) _____ **DATE** _____