

TERMINATION AFFIDAVIT

Registration Number _____

OFFICE USE ONLY

Registration # _____

Reviewed by _____

Terminate _____ Date _____

Comment _____

State of North Carolina in the County of _____

I, the undersigned _____,
(Print your name)

Owner of _____, being duly sworn do aver or affirm the
(Print name of Tanning Facility on Registration)

following :

As of the _____ I ceased offering tanning services and no longer offer the use
(Month/Day/Year)
of tanning equipment.

Please check and/or completely fill out as applicable:

1. 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.
2. I currently have ___ (#of tanning units) **stored** for resale and or ___ (# of tanning units) for **parts only** (*non-operational*) or ___ (#of tanning units) **junked**.
3. I sold, gave, or exchanged _____ (# of tanning units) tanning units to the **business(s)** _____ or **individual(s)** _____ or for **personal use** _____ listed below:

For additional space, please use back side of this form

(Print name of **person** or **business** receiving equipment)

(Complete mailing address)

(City, State, Zip Code)

(Phone Number)

Bed Name _____ Serial Number _____

In accordance with rule 1423(a), this Rule establishes initial, annual and reinstatement fees for persons registered pursuant to the provisions of the Section to cover the anticipated costs of tanning equipment inspection and enforcement activities of the agency. **Please note that a \$150.00 Re-Instatement fee plus registration fee will be charged if business reinstates after termination.**

I have personally completed the statement above and attest to its veracity, and I hereby request termination of my tanning registration.

(Signature of owner)

(Date)

NOTARY STATEMENT

_____, appeared before me this the ____ day of _____,
(Print your name)

_____, was duly sworn and made this statement. I, _____,
(Year) (Name of Notary)

am a Notary Public commissioned in _____ County, North Carolina.

My commission expires: _____.

FOR ADDITIONAL BEDS/BOOTHES OR OTHER SOLD
Please give Name, Address, Phone #, Bed Name and Serial Number

(Print name of **person** or **business** receiving equipment)

(Complete mailing address)

(City, State, Zip Code) (_____) - _____
(Phone Number)
Bed Name _____ Serial Number _____

(Print name of **person** or **business** receiving equipment)

(Complete mailing address)

(City, State, Zip Code) (_____) - _____
(Phone Number)
Bed Name _____ Serial Number _____

(Print name of **person** or **business** receiving equipment)

(Complete mailing address)

(City, State, Zip Code) (_____) - _____
(Phone Number)
Bed Name _____ Serial Number _____

(Print name of **person** or **business** receiving equipment)

(Complete mailing address)

(City, State, Zip Code) (_____) - _____
(Phone Number)
Bed Name _____ Serial Number _____

(Print name of **person** or **business** receiving equipment)

(Complete mailing address)

(City, State, Zip Code) (_____) - _____
(Phone Number)
Bed Name _____ Serial Number _____