

AFFIDAVIT for SERVICE TERMINATION

OFFICE USE ONLY

Registration # _____

Reviewed by _____

Terminate _____ Date _____
Comment _____

State of North Carolina in the County of _____

I, the undersigned _____, owner of
(Print your name)
_____, being duly sworn do verify
(Print name of Tanning Equipment Service on Registration)

or affirm the following:

As of the _____ I ceased offering tanning equipment
(Month/Day/Year)
service to tanning facilities registered pursuant to 15A NCAC 11 .1405.

Please check the box that is applicable:

- 1. I no longer offer Class I sales of tanning equipment and components.
- 2. I no longer offer Class II installation and service of tanning equipment.
- 3. I no longer offer Class III tanning facility consultation and operator training.

I have personally completed the statement above and attest to its veracity, and I hereby request termination of my Tanning Equipment Service 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:_____.