

AMENDMENT AFFIDAVIT

Complete this side for deleting or exchanging beds/booths

OFFICE USE ONLY	
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)

