TERMINATION AFFIDAVIT

OFFICE USE ONLY
Registration # _____
Reviewed by _____
Terminate _____**Date**_____
Comment_____

*Registration Number*_____

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**.**

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)**

Equipment Sold

FOR ADDITIONAL BEDS/BOOTHS 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**_____