



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Radiation Protection Section

**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 2<sup>nd</sup> sheet & sign**

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Facility Contact: \_\_\_\_\_  
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: (\_\_\_\_) \_\_\_\_\_

**3. 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:** \_\_\_\_\_

**4. TYPE OF FACILITY**

Tanning Salon  Beauty Salon  Fitness Center  Nail Salon  Other (specify) \_\_\_\_\_

**5. NAME(s) AND ADDRESS(es) OF:**

Tanning Equipment/Business Purchased From: \_\_\_\_\_ **Old Registration Number** \_\_\_\_\_

Installed By: \_\_\_\_\_

Parts and Components Supplier: \_\_\_\_\_

Service Agent: \_\_\_\_\_

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_



**9. 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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**10. Applicant certifies that these document will be readily available to all employees at the facility (initial by each box). These documents can be downloaded at <http://ncradiation.net/Tanning/tanning.htm> and will be mailed to applicant with certificate.**

- o Copy of NC Regulations for Tanning Facilities \_\_\_\_\_
- o Copy of Facility’s Operating Procedures \_\_\_\_\_
- o Skin Typing Form for determination of client’s skin type \_\_\_\_\_

**PURSUANT TO 10A NCAC 15 .1405(d), THE APPLICANT CERTIFIES THAT SHE/HE HAS READ AND UNDERSTANDS THE REQUIREMENTS OF THE RULES CONTAINED IN 10A NCAC 15 .1400, AND THAT ALL INFORMATION CONTAINED HERIN IS TRUE AND CORRECT TO THE BEST OF HER/HIS KNOWLEDGE.**

**SIGNATURE OF APPLICANT (OWNER) \_\_\_\_\_ DATE \_\_\_\_\_**