

SIGNATURE OF OWNER__

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

TANNING FACILITY APPLICATION

	Initial Registration	tion We've moved Reg. No
1.	PHYSICAL ADDRESS (Where the tanning equipment is located) P	Please list your equipment on the 2 nd 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 S	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:	

Radiation Protection Section – 5505 Creedmoor Rd. – 1645 Mail Service Center – Raleigh, North Carolina 27699-1600

Phone: (919) 814-2250
Internet: www.ncradiation.net

DATE_

6.	You must submit a copy of the tanning operator training certificates for all tanning facility operators along with any associated fees with the initial application to expedite registration. The registrant shall only use tanning equipment manufactured in accordance with the specifications set forth in 21 Code of Federal Regulations, Part 1040, Section .20, "sunlamp products and ultraviolet lamps intended for use in sunlamp products" If a machine is deleted, notify this agency as to the purchaser, their address and the date of transfer. All beds not in use must be kept under lock and key or otherwise signed as "No in Use". LIST EACH TANNING UNIT SEPARATELY					
Room # and/or Room	Manufacturer	Model Number/Name	Serial Number	Date Manufactured	Type of Unit	
Name					Bed	Booth
				TOTAL UNITS		
7. LIST Delete	Deleted Units ☐ Stored ☐ Taken by Service Company ☐ Sold		Out of State	☐ Salv	aged	
-	-	sold, deleted or "for pers	_		-	-
		Cit				
	PPI ICANT (OWNE		<i>j</i>	DATE	,	

 $Radiation\ Protection\ Section-5505\ Creedmoor\ Rd.-1645\ Mail\ Service\ Center-Raleigh,\ North\ Carolina\ 27699-1600\ Phone:\ (919)\ 814-2250$ ${\bf Internet:}\ \underline{{\bf www.ncradiation.net}}$

Operator (s)	.,	Training Instructor/Company	Name	Date of Training Class				
Name		or Community College Na	ime	Ü				
		-						
		-						
		_						
				ne facility (initial by each box). Th				
ocuments can b	e downloaded at <u>http</u>	://ncradiation.netTanning/tanning	g.htm and will be	mailed to applicant with certificat				
0	Copy of NC Regular	tions for Tanning Facilities						
	a a=							
0	Copy of Facility's C	perating Procedures						
0	Skin Typing Form fo	or determination of client's skin typ	e					
v	2 1 Jpg 1 0 1	or were an ending a common of p						
URSUANT TO 10A ULES CONTAINED ER/HIS KNOWLED	IN 10A NCAC 15 .1400,	APPLICANT CERTIFIES THAT SHE/HE AND THAT ALL INFORMATION CONTA	HAS READ AND UN AINED HERIN IS TRU	IDERSTANDS THE REQUIREMENTS OF JE AND CORRECT TO THE BEST OF				
	APPLICANT (OWNE			DATE				

 $Radiation\ Protection\ Section-5505\ Creedmoor\ Rd.-1645\ Mail\ Service\ Center-Raleigh,\ North\ Carolina\ 27699-1600$

 Phone: (919) 814-2250
 Rev. 10/03/17

 Internet: www.ncradiation.net
 Page 3 0f 3