

Division of Environmental Health

Beverly Eaves Perdue Governor Terry L. Pierce Director Dee Freeman Secretary

MEMORANDUM

TO: All Sale Service Registrants

FROM: NC Radiation Protection

SUBJECT: Quarterly Sales Report

In accordance with Rule 15A NCAC 11 .1422 all registrants who sell, lease, transfer, lend, dispose of, assemble or install tanning equipment in this state shall, within 30 days after each calendar quarter, notify this agency at the address below of all transactions.

A copy of the Quarterly Report of Sales is attached, for your convenience. You can obtain these Quarterly Report Forms from our website at www.ncradiation.net. If you create your own Quarterly Report Form, please include the same information that appears on this form.

Should you have any questions or need additional information or forms, please do not hesitate to contact our office at the address listed below.

Radiation Protection Section 1645 Mail Service Center Raleigh NC 27699-1645 FAX #919-571-4141

We would like to put your web address on our website, please put your web address on your report.

Attachment: Quarterly Report

Rev 1/15/2010





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QUARTERLY SALES REPORT of New or Used Tanning Equipment

Reported Period

Company Name_		Registration Number		
DATE OF PURCHASE_				
OWNER NAME		SALON NAME_		
ADDRESS		CITY	STATE_	ZIP
MFG	MODEL#	SERIAI	L#	
Used N		Commercial Use Personal Use		
DATE OF PURCHASE_				
OWNER NAME		SALON NAME		
ADDRESS		CITY	STATE_	ZIP
MFG	MODEL#	SERIAI	L#	
Used N			mmercial Use	
DATE OF PURCHASE_				
OWNER NAME		SALON NAME		
ADDRESS		CITY	STATE_	ZIP
MFG	MODEL#	SERIAI	L#	
Used N			mmercial Use	
DATE OF PURCHASE_				
OWNER NAME		SALON NAME		
ADDRESS		CITY	STATE_	ZIP



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Used	l New			Commercial Use	Personal Use_
	PURCHASE		ТЕLЕРН	ONE NUMBER	
OWNER NA	AME		SALON N	JAME	
ADDRESS_			CITY	STATE_	ZIP
MFG		<i>MODEL</i> #		SERIAL#	
	l New			Commercial Use	
	PURCHASE		ТЕСЕРН	ONE NUMBER	
OWNER NA	ME		SALON N	JAME	
ADDRESS_			CITY	STATE_	ZIP
MFG		MODEL#		SERIAL#	
	l New			Commercial Use	
DATE OF P	PURCHASE				
OWNER NA	AME		SALON N	JAME	
ADDRESS_			CITY	STATE_	ZIP
MFG		MODEL#		SERIAL#	
Used	l New			Commercial Use	Personal Use_
DATE OF P	PURCHASE		ТЕLЕРН	ONE NUMBER	
OWNER NA	ME		SALON N	JAME	
ADDRESS_			CITY	STATE_	ZIP
MFG.		MODEL#	S	SERIAL#	



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Used	New	Commercial Use	Personal Use