



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

**TANNING REGISTRATION AMENDMENTS**

Registration #

Change Beds/Booths

Change Contact/Address

Business is Closed

**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** \_\_\_\_\_

<b>6.</b> 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".  <p style="text-align: center;"><b>LIST EACH TANNING UNIT SEPARATELY</b></p>					<b>Check appropriate box for each tanning unit</b>	
Room # and/or Room Name	Manufacturer	Model Number/Name	Serial Number	Date Manufactured	Type of Unit	
					Bed	Booth
<b>TOTAL UNITS</b>						

**7. LIST Deleted Units**     Stored     Taken by Service Company     Sold     Out of State     Salvaged


**8. Please print name of recipient of sold, deleted or "for personal use" tanning unit(s): Individual or Business (circle)**  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code \_\_\_\_\_

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