

AMENDMENT FORM

COMPLETE THIS SIDE FOR ADDING UNITS TO YOUR REGISTRATION

REGISTRATION OF "TANNING FACILITIES" IS REQUIRED BY RULE 10A NCAC 15 .1405. THE REGISTRANT SHALL NOTIFY THE AGENCY BEFORE MAKING ANY CHANGE WHICH WOULD RENDER INFORMATION CONTAINED IN THIS APPLICATION NO LONGER ACCURATE.

FOR TANNING EQUIPMENT ADDED TO FACILITY REGISTRATION

Registration Number _____

PHYSICAL ADDRESS: (Where the tanning equipment is located). Please list your equipment below & sign.

Facility Name: _____ Phone Number: () _____

Owner's Name: _____ Fax Number: () _____

Facility Address: _____ E-mail: _____

City _____ County _____ State: _____ Zip Code + 4 _____

Mailing Address: _____ City _____ State: _____ Zip Code + 4 _____

*** Use Additional Paper if Necessary ***

BED/BOOTH NAME	MODEL #	SERIAL #	DATE Manufactured	BED	BOOTH	FACIAL	# of UNITS
SUM TOTAL of All UNITS Listed							

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

SIGNATURE OF REGISTRANT _____
 DATE _____