

**NC Division of Radiation Protection  
Attachment for Class I & II Tanning Facility Services application.**

List location of each representative of your company providing Tanning Sales and/or Services.

**Facility Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

<b>Signature (s) of Representatives</b>	<b>Print Name</b>
_____	_____
_____	_____
_____	_____
.....	

**Facility Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

<b>Signature (s) of Representatives</b>	<b>Print Name</b>
_____	_____
_____	_____
_____	_____
.....	

**Facility Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

<b>Signature (s) of Representatives</b>	<b>Print Name</b>
_____	_____
_____	_____
_____	_____