

RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Tanning Amendment Form for Deleting/Exchanging Beds

Registration Number: _____

Facility Name: _____ **Phone Number:** _____

Owner's Name: _____ **E-mail:** _____

Facility Address: _____ **County:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Please check and/or completely fill out as applicable:

1. I currently own **ONE** tanning unit **exclusively** for my *personal use* as evidence by the fact that I do not possess any tanning equipment in any area of my business (or, if my business is in my home, in any area of my home) accessible to my employees or any member of the general public.

Bed/Booth Name	Model #	Serial #	MFG. Date	Bed	Booth	# of Units

2. I currently have _____ (# of tanning units) **stored** and/or _____ (# of tanning units **junked**)

Bed/Booth Name	Model #	Serial #	MFG. Date	Bed	Booth	# of Units

3. I sold, gave, or exchanged _____ (# of tanning units) tanning units to the **business(s)** _____ or **individual(s)** _____ or **personal use** _____. **Please list on page 2 name of person or business receiving equipment.**

I have personally completed the statement above and attest to its veracity, and hereby request my registration to be amended.

(Signature of Owner)

(Date)

Equipment Sold

(Print name of person or business receiving equipment)
(Complete Mailing address)
(City, State, Zip Code& phone number)
() -
Bed Name: _____ Serial Number: _____

(Print name of person or business receiving equipment)
(Complete Mailing address)
(City, State, Zip Code& phone number)
() -
Bed Name: _____ Serial Number: _____

(Print name of person or business receiving equipment)
(Complete Mailing address)
(City, State, Zip Code& phone number)
() -
Bed Name: _____ Serial Number: _____

(Print name of person or business receiving equipment)
(Complete Mailing address)
(City, State, Zip Code& phone number)
() -
Bed Name: _____ Serial Number: _____

I have personally completed the statement above and attest to its veracity, and hereby request my registration to be amended.

(Signature of Owner)

(Date)

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