

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

Please check and/or completely fill out as applicable:

- 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

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

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

- 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)

State of North Carolina | Division of Health Service Regulation | Radiation Protection Section | Tanning and Radon Branch
N.C. DE-IHS is an equal opportunity employer and provider of services.

(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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