

**Bureau of Non-Long-Term Care
Indoor Tanning Program
2525 North 7th Street, Suite 210
Harrisburg, PA 17110
RA-DHIndoorTanning@pa.gov
717-547-3620 opt #1**

FOR STATE USE ONLY	
Amount Rec'd:	\$ _____
<input type="checkbox"/> Date:	____/____/____
<input type="checkbox"/> Transmittal No	# _____
Inspection Date	_____

APPLICATION FOR TANNING FACILITIES REGISTRATION (Indoor Tanning Regulation Act 41 of 2014)

<p>Registration Status:</p> <p><input type="checkbox"/> Initial Registration</p> <p><input type="checkbox"/> Annual Renewal Registration</p> <p><input type="checkbox"/> Change of Registration Information</p> <p><i>The application for licensure shall be accompanied by a single certified check or money order made payable to "Commonwealth of Pennsylvania."</i></p>	<p>FEE SCHEDULE</p> <p>Initial Registration or Annual Renewal Registration: \$150.00 includes first 2 sunlamp products \$300 for a facility that operates 3 to 10 sunlamp products plus \$20.00 for each additional 11 or more Change of Registration Information NO Fee:</p> <p>\$300.00 + [\$20.00 x (number of sunlamp products >10)] = \$ _____</p>
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Instructions:

For **Initial Registration**: Complete *all* information requested on this Application form.

For **Annual Renewal Registration**: Complete *all* information requested on this Application form.

For **Change of Registration Information**: *Update* this Registration Application with any new or corrected information.

FACILITY INFORMATION									
Name of Tanning Facility				*EIN		Assigned Facility DoH ID #00			
Telephone Number			Email Address 1						
Street Address				Mailing Address (if different)					
City	State	Zip Code	County	Municipality	City	State	Zip Code		
FACILITY OWNERSHIP									
Name of Facility Owner				Telephone Number		Email Address 2			
Street Address				Mailing Address (if different)					
City	State	Zip Code	City					State	Zip Code
Name of Contact person for registration				Telephone Number		Email Address 3			
Street Address				Mailing Address (if different)					
City	State	Zip Code	City					State	Zip Code
FACILITY OPERATION									
Days and Hours of Facility Operation									
Primary Type of Business in which the Tanning Facility is located:						# of Tanning Beds/ Booths/ Facials/ legs ect			
<input type="checkbox"/> Tanning Salon <input type="checkbox"/> Beauty/Nail Salon <input type="checkbox"/> Health Club/Fitness Center <input type="checkbox"/> Other _____									

**APPLICATION FOR TANNING FACILITIES REGISTRATION
(Continued)**

UltraViolet Products:

Manufacturer	Model Number	Serial Number	Type (Bed, Booth, Facial, Other)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach an additional sheet, if necessary.

UltraViolet Service Agents:

Name	Address	Telephone Number	Indicate Supplier, Installer and Service Agents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach an additional sheet, if necessary.

Employed Operators/Trained Personell:

Name	Name	Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach an additional sheet, if necessary.

In addition to this completed application form, the applicant shall provide the following required documents to the Department for review:

- Copy of the operating and safety procedures unique to the tanning facility;
- Copy of the information and/or instructions provided to consumers of the tanning facility;
- Documentation that tanning facility operators have satisfactorily completed required training as specified in Section 9 of the ACT including the names of trainer and/or training program.

CERTIFICATION BY APPLICANT

I have received and read the Indoor Tanning Regulation Act 41 of 2014, and I certify that this tanning facility meets these standards. I realize I will be liable for fines and/or sanctions specified in the standards if I fail to correct violations of these standards as cited by the Department of Health. The undersigned hereby affirms that the foregoing information is true and correct to the best of my knowledge, information and belief and this affirmation is made subject to the penalties prescribed by 18 PA.C.S§ 4904 (relating to unsworn falsification to authorities).

Name of Applicant (<i>Print</i>)	Title
Signature of Applicant	Date