

Indoor Tanning Program
2525 North 7th Street, Suite 210
Harrisburg, PA 17110
Send To: RA-DHIndoorTanning@pa.gov

Indoor Tanning Change Service Form

- Facility Sold
- UV beds sold/ Not Used
- Facility Closed Permanent
- Other _____

Date of Change _____

Identifying Information

Name of Entity or D/B/A: _____

Mailing Address: _____
Street City Zip Code

Site Address: _____
Street City Zip Code

County: _____

Telephone(s): _____
Include area code

Email Address(s): _____

Contact Person(s): _____

New Owner Identifying Information

SOLD TO: Contact _____

Person(s) Email _____

Address(s): _____

Telephone(s): _____

I, _____ hear by swear or affirm that this information is true and correct.

Signature Title Date



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| FOR STATE USE ONLY | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Date Rcvd _____ |
| <input type="checkbox"/> | InspectionDate _____ |

AFFIDAVIT OF Ultraviolet Tanning Owner

I, (owner name), _____
 (owner address), _____
 (facility name) _____
 (facility address), _____

Owners state as follows:

1. I am. The (owner name/delegate) _____
2. As, I oversee (Facility Name), _____
3. This business no longer offers ultraviolet tanning services as of date ____ / ____ / ____.
4. I have attached documents and pictures to support this affidavit.
5. I understand I cannot resume operations without submitting application to PA Indoor Tanning Program.
6. If I resume ultraviolet tanning services, I will promptly submit registration prior to offering services.
7. I hereby affirm that the foregoing information is true and correct to the best of my knowledge, information and belief and is made subject to the penalties prescribed by 18 Pa, C.S.A. § 4909, relating to unsworn falsifications to authorities.

(signature)

(printed name)

Subscribed and sworn to before me this date ____ / ____ / ____.