



Instructions for Tanning Registration Application

Specific Instructions

The application for tanning registration must be completed by any legal entity that shall establish, maintain, operate or hold itself out as authorized to establish, maintain or operate a tanning facility within the Commonwealth of Pennsylvania.

(Authority: Indoor Tanning Regulation Act No.41 of 2014)

DEFINITION OF APPLICATION TERMS:

For Commonwealth use only: This section is completed by the Bureau of Community Program Licensure and Certification staff.

Registration Status: Initial registration is checked for a new tanning facility's first registration. Annual renewal is used for a previously registered tanning facility that is renewing its annual registration. Change of registration information is used to report a change in ownership or facility information.

Fee Schedule: The fee schedule is used to compute the annual registration fee for EACH tanning facility that a legal entity has in operation within the commonwealth. A tanning facility is a place where a tanning device is used for a fee, membership or any other compensation. For example, a beauty salon with one tanning bed is considered a "tanning facility." The fee is based on the amount of sunlamp products located at each facility. A sunlamp product is defined as each individual sunlamp/UV lamp product (bed, booth, facial, other). Change of registration information requires no fee and is used for updating contact information or a change of ownership.

FACILITY INFORMATION

Name of Tanning Facility: The name of the tanning facility (trade name, DBA, fictitious business name).

Facility's Permanent ID Number: This number is assigned by the Department of Health.



Telephone Number: Publicly listed number that is intended for use by the general public.

Street Address: The tanning facility's physical location address. No PO boxes.

County, City, Municipality, State and Zip Code: Geographical location where the facility being registered is located.

Email/Website Address: Email and web address that the facility uses to communicate with the public.

Mailing Address (if different): If the tanning facility mailing address is different, please list the current mailing address here.

FACILITY OWNERSHIP

Name of Owner: Name of owner/legal entity that owns the tanning facility.

EIN Number: Employment identification number of the legal entity that owns the tanning facility.

Telephone Number: The legal entity's phone number that is used for official business communications and contact.

Email Address: The email of the legal entity that owns that tanning facility.

Street Address: The legal entity's address used for business communications.

Mailing Address (if different): If the legal entity's mailing address is different please list the current mailing address here.

Name of Contact Person for Registration: The listed person will be the department's contact for all registration related matters.

Contact Telephone Number: Phone number where the legal entity's contact person can be reached.



Contact Email Address: Address where the Department of Health may communicate with the legal entity's contact person in regards to registration requirements.

Street Address: The location of the contact person for the tanning facility.

Mailing Address (if different): If the contact person's mailing address is different, please list the current mailing address here.

FACILITY OPERATION

Days and Hours of Operation: List days and times that the facility is open for customers to access the tanning facility.

Primary Type of Business in which the Tanning Facility is located: Please check the appropriate block. If your business is not listed please check other and describe your business.

Number of Sunlamp Products: List total number of sunlamp products at the tanning facility. For example: a hair salon has a tanning bed, tanning booth and three facial tanning devices. The hair salon would put five sunlamp products provided. This number is what is used when determining the fee amount.

Ultraviolet Lamp or Sunlamp Products: List the information requested for each sunlamp/ UV product located at the tanning facility that is being registered. Note: The legal entity/ owner must list and register all sunlamp products at each individual location on separate forms.

Names, addresses and telephone numbers of tanning equipment suppliers, installer and service agents if appropriate: List the contact information of suppliers, installers and service agents that the tanning facility is currently using.

Names of all trained operators: List all trained operators that are currently employed at the training facility location that is being registered.



In addition to this completed 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: This document is the listed procedures that the tanning facility has in place to insure the safety of its workers, customers and the general public. This document's listed procedures are to insure that the tanning facility is in compliance with the Indoor Tanning Regulation Act and 21 CFR 1040.20

Copy of the information and/or instructions provided to consumers of the tanning facility: Provide the information and instructions given to a consumer. This includes documentation that is given to a new customer and documentation that is given to an established customer during regular visits to the tanning facility.

Documentation that tanning facility operators have satisfactorily completed required training as specified in the Indoor Tanning Regulation Act, including names of the trainer and/or training program: Documentation from a training provider or the tanning facility's own training program that the operator has completed a training course that meets the statutory requirements of the Section 9 of the Indoor Tanning Regulation Act and 21 CFR 1040.20 relating to sunlamp products and ultraviolet lamps intended for use in sunlamp products.

CERTIFICATION BY APPLICANT:

Name of Applicant (Print): The printed name of the applicant.

Title: The applicant's title within the legal entity that is applying for registration with the Department of Health.

Signature of applicant: Physical signature of the applicant who is the legal representative of the legal entity applying for registration with the Department of Health.

Date: Date the application for registration was physically signed by the applicant.

Questions?

If you need additional assistance or have any questions, please contact the Bureau of Community Program Licensure and Certification at 717-783-8665

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

Provide the following information for each ultraviolet lamp or sunlamp product:

Manufacturer	Model number	Serial number	Type (Bed, booth, facial, other)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach an additional sheet, if necessary.

Names, addresses and telephone numbers of the tanning equipment suppliers, installers and service agents, if appropriate:

Name	Address	Telephone number	Indicate whether supplier, installer or service agent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach an additional sheet, if necessary.

Names of all trained tanning facility operators:

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 the Indoor Tanning Regulation Act, including names of the 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 P.A.C.S. § 4904 (relating to unsworn falsification to authorities).

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