



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. Use Change of Registration to report facility information change such as contacts, bed count, employees, ect. Not the same as Change of Ownership in which physical location is sold.

Change of Ownership in which physical location is sold. An initial registration form shall be completed by new owner. Original owner selling property shall complete the uv service form and affidavit form found on the Indoor Tanning website and email or mail to department.

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. The fee is based on the number of sunlamp products located at each facility. A sunlamp product is defined as each individual sunlamp/UV lamp product (bed, booth, facial, legs, other). Change of registration information requires no fee and is used for updating contact information or a change of facility ownership.

FACILITY INFORMATION

Name of Tanning Facility: The name of the tanning facility.

Facility's Permanent ID Number: This number is assigned by the Department of Health. Use this number in the Memo of check.



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 of the facility being registered.

Email1/ 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, list a current mailing address. Can be PO Box.

FACILITY OWNERSHIP

Name of Owner: Name of owner/legal entity that owns the tanning facility. Include trade name, DBA, fictitious business name.

PA 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 2: 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 list the current mailing address here.

Name of Contact Person for Registration: The listed person(s) will be the department's contact for registration and inspection related matters. Use separate sheet for additional contacts.

Contact Telephone Number 3: Phone number where the legal entity's contact person can be reached.



Contact Email Address: Address the Department of Health may communicate with the legal entity's contact person in regards to registration and inspection 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 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: Mark appropriate block. If facility description is not listed check 'Other' and describe your facility. (Pharmacy, laundry, apt rentals, retail store, ect.)

Number of Sunlamp Products: List total number of sunlamp products at the tanning facility. For example: a facility has 1 tanning bed, 1 tanning booth, 1 leg tanning device and 1 facial tanning device. The salon would list 4 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. PA State accepts 3rd party tanning certifications however in no way endorses any third party business.



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 assure the safety of its workers, customers and the general public. This document's listed procedures are to assure 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 tanning 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.
- Signature of applicant.
- Application fee made out to the *Commonwealth of Pennsylvania*. Submit fee in the form of a business check, certified check or money order with the application and its supporting documents. Add Facility DOHID# in Check Memo (Assigned by DOH).

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?

Contact the Bureau of Non-Long-Term Care at 717-547-3620 option 1 for professional questions.