

**Pennsylvania Department of Health  
Bureau of Community Program Licensure & Certification  
Indoor Tanning Program, 555 Walnut St, 7th Floor  
Harrisburg, PA 17101**

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

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

Registration Status: <input type="checkbox"/> <b>Initial</b> Registration <input type="checkbox"/> <b>Annual</b> Renewal Registration <input type="checkbox"/> <b>Change</b> of Registration Information  <i>The Application for Registration shall be accompanied by a single certified check (i.e., cashiers check) or money order, and shall be made payable to "PA Dept of Health-Indoor Tanning Program."</i>	<b>FEE SCHEDULE</b>  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:  \$300.00 + [\$20.00 x (number of sunlamp products >10)] = \$
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Instructions:  
 For **Initial Registration**: Complete *all* information requested on this Application form.  
 For **Annual Renewal Registration**: *Update* this Registration Application with any new or corrected information.  
 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(one or two emails to send due notice reminders)	
Street Address		Mailing Address (if different)	
City	State	Zip Code	City State Zip Code
FACILITY OWNERSHIP			
Name of Owner		Telephone Number	Email Address
Street Address		Mailing Address (if different)	
City	State	Zip Code	City State Zip Code
Name of Contact (Over Official Department Communications)		Telephone Number	Email Address
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: <input type="checkbox"/> Tanning Salon <input type="checkbox"/> Beauty/Nail Salon <input type="checkbox"/> Health Club/Fitness Center <input type="checkbox"/> Other _____			# of Active UV Products and Training Certification Pgm:

**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;
- Certificate that tanning facility operators have satisfactorily completed required training as specified in 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