

**Pennsylvania Department of Health
Bureau of Community Program Licensure & Certification
Indoor Tanning Program, 555 Walnut St, 7th Floor
Harrisburg, PA 17101 Phone 717-736-7362**

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

FOR STATE USE ONLY	
Amount Rec'd: \$	_____
Date Rec'd:	____/____/____
Transmittal No #	_____
Inspection Date	____/____/____

<p>Registration Status:</p> <p><input type="checkbox"/> Initial Registration</p> <p><input type="checkbox"/> Annual Renewal Registration</p> <p>Change of Ownership</p> <p>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."</p>	<p align="center">FEE SCHEDULE</p> <p>Initial Registration or Annual Renewal Registration:</p> <ul style="list-style-type: none"> ▪ \$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 <p>Change of Registration Information NO Fee</p> <p>\$300.00 + [\$20.00 x (number of sunlamp products >10)] = \$</p>
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Instructions:

Initial Registration: Complete *all* information requested on this form. Include documentation Page 2, Box 1-3.

Annual Renewal Registration: Complete *all* information requested on this form. Include certification documentation Page 2, Box 3.

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 (Manager, Supervisor,ect)	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 Beds/Booths

**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/Maintenance Agents:

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

Attach an additional sheet, if necessary.

Employed Operators/Trained Personnel:

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:

- 1. Copy of the operating and safety procedures unique to the tanning facility per ACT41 Section 3; (Initial Reg)
- 2. Copy of initial Warning Statement provided to customers before UV exposure per ACT41 Section 5; (Initial Reg)
- 3. Copy of training for each operator per ACT41 Section 9; (Initial and Annual Reg)

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).

Person(s) Liable (<i>Print</i>)	Title	
Signature of Applicant		Date

Pennsylvania Department of Health
Indoor Tanning Program
555 Walnut St, 7th Fl, Harrisburg, PA 17101
Phone 717-736-7362

Initial and Annual Registration Checklist

The following checklist is to ensure that you complete ALL required documents

CHECKLIST:

- Completed Registration Form with payment:
Registration fee (\$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). Annually.
- Copy of Operator(s) Training documentation attached. Annually.
- Completed Safety Procedures documents attached. Initial or otherwise requested by department.
(Safety and Operating Procedures for correct cleaning, sanitizing and operation of the tanning device including proper care and use of free protective eye-wear; Emergency procedures in case of overexposure or injury; Consumer Injury Report; Manufacturer's instruction for maintaining the tanning equipment)
- Copy of the information and/or instructions provided to consumers of the tanning facility (Customer Warning Statement). Initial or otherwise requested by department.
- Completed Inspection Report Corrective Actions if applicable. 30 days from inspection.
- Completed Payment /Agreement form
Signed / Dated