



**NEW TANNING FACILITY – TRANSFER OF OWNERSHIP – CHANGE OF LOCATION
REQUIRES A NEW REGISTRATION/PERMIT**

Reg/Permit #

(Please type or print.)

Facility Information

1. Tanning Facility Name _____ 2. Telephone _____
3. Physical/Street Address _____
4. City/State/ZIP _____ 5. Parish _____
6. Mailing Address _____
7. City/State/ZIP+4 _____
8. Number of beds _____ 9. Booths _____ 10. Normal Business Hours _____
11. Manager's Name _____

Registrant (Owner/Proprietor) Information

12. Principal Registrant Name _____
13. Mailing Address _____ 14. Home Telephone _____
15. City/State/ZIP+4 _____
16. Co-Registrant Name _____
17. Mailing Address _____ 18. Home Telephone _____
19. City/State/ZIP+4 _____

Operating and Safety Procedures; Warning Signs

As required by LSA R.S. 40: 2705(D) and 2710, include as part of this application a copy of each of the following:

- a. Written Tanning Facility and Equipment Operating and Safety Procedures
- b. The mandatory warning sign
- c. Consumer warning and consent forms
- d. Any voluntary posted notices or warnings relating to the safe use of tanning equipment and protective devices

Tanning Equipment Suppliers, Installers, and Service Agents

20. List below the name of each tanning equipment supplier, installer, and/or service agent doing business with this facility:

- a. _____ Supplier Installer Service Agent
- b. _____ Supplier Installer Service Agent
- c. _____ Supplier Installer Service Agent

21. Provide the information specified below for each piece of tanning equipment intended for use in the facility:

	Unit 1	Unit 2	Unit 3
Manufacturer Name:	_____	_____	_____
Model Number:	_____	_____	_____
Date of Manufacture (Upper):	_____	_____	_____
Serial Number (Upper):	_____	_____	_____
Date of Manufacture (Lower):	_____	_____	_____
Serial Number (Lower):	_____	_____	_____
UV Lamp Make and Model:	_____	_____	_____
Maximum Timer Setting:	_____	_____	_____
Bed or Booth:	_____	_____	_____
New or Used:	_____	_____	_____
	Unit 4	Unit 5	Unit 6
Manufacturer Name:	_____	_____	_____
Model Number:	_____	_____	_____
Date of Manufacture (Upper):	_____	_____	_____
Serial Number (Upper):	_____	_____	_____
Date of Manufacture (Lower):	_____	_____	_____
Serial Number (Lower):	_____	_____	_____
UV Lamp Make and Model:	_____	_____	_____
Maximum Timer Setting:	_____	_____	_____
Bed or Booth:	_____	_____	_____
New or Used:	_____	_____	_____

	Unit 7	Unit 8	Unit 9
Manufacturer Name:	_____	_____	_____
Model Number:	_____	_____	_____
Date of Manufacture (Upper):	_____	_____	_____
Serial Number (Upper):	_____	_____	_____
Date of Manufacture (Lower):	_____	_____	_____
Serial Number (Lower):	_____	_____	_____
UV Lamp Make and Model:	_____	_____	_____
Maximum Timer Setting:	_____	_____	_____
Bed or Booth:	_____	_____	_____
New or Used:	_____	_____	_____

	Unit 10	Unit 11	Unit 12
Manufacturer Name:	_____	_____	_____
Model Number:	_____	_____	_____
Date of Manufacture (Upper):	_____	_____	_____
Serial Number (Upper):	_____	_____	_____
Date of Manufacture (Lower):	_____	_____	_____
Serial Number (Lower):	_____	_____	_____
UV Lamp Make and Model:	_____	_____	_____
Maximum Timer Setting:	_____	_____	_____
Bed or Booth:	_____	_____	_____
New or Used:	_____	_____	_____

TANNING EQUIPMENT/FACILITY OPERATOR INFORMATION

22. Provide the information specified below for each tanning operator working in the tanning facility. Attach copies of training certificates for each employee:

First Name	Middle Initial	Last Name	Trained by	Training Date

Registrant Certification

I hereby certify that

- a. all information provided in this Official Application is true and correct to the best of my knowledge and understanding;
- b. state laws and regulations pertaining to tanning facilities and equipment require that any change in the information furnished in this Official Application must be reported to the Office of Public Health in writing;
- c. and I have read and understood the Louisiana Tanning Facility Regulations and Laws and I understand that the registrant, facility manager, and equipment operators are required to comply with the provisions set forth within those mandates.

Registration Fee

A check or money order payable to DHH in the amount of one hundred and fifty dollars (\$150) is required for the initial registration fee.

Registrant's Signature _____ Date _____

Manager/Co-Registrant's Signature _____ Date _____