

Oregon Application for Registration of Tanning Facility



Oregon Public Health Division / Radiation Protection Services
800 NE Oregon Street, Suite 640
Portland, OR 97232
Voice: (971) 673 0490 | Fax: (971) 673-0553

New Facility Change of Ownership

Facility Name: _____	Hours (M-F): _____
Phone Number: _____	Alternate No: _____
Days Open (circle): S M T W T F S	
Manager: _____	Owner: _____

Business Information: Indicate whether your business is a sole proprietorship, partnership, or incorporated under another name. If incorporated, list name of corporation and business name (dba - doing business as) for legal purposes.

Incorporated: Yes No Date Incorporated: _____

If incorporated, provide name & address of Registered Agent as filed with the Office of the Secretary of State: _____

Bank/Branch where business checking account is maintained: _____

Partnership: Yes No

Number of Partners: _____ List of Partners/Owner: _____
(please list below)

Address Information:

1. List actual street location for inspection of facility by Health Division staff members.
2. List address where you want correspondence and registration information sent (can be the same as the facility address)
3. List corporate address with Corporate Name and President's or CEO's name listed as principle responsible party for correction of items of noncompliance, etc.
4. Note which address you want registration billings sent for annual registration fee payment processing.

1. Street Address:

2. Mailing Address:

3. Corporate Address:

4. Billing Address:

Tanning Device Information: (Please use separate sheet if necessary)

Manufacturer	Model	Serial No. Base/Canopy	Lamp Model

NOTE: According to Federal law (21 CFR 1040.20) only the lamps listed on the tanning device or a lamp that has been certified by the manufacturer as equivalent may be installed in the tanning device. Please contact our our office if you have any questions. Be sure to retain any Lamp Equivalency Certification sheets from lamp suppliers for inspection by our office.

Training (please provide name of trained operator(s), date of training, certificate number, and who conducted the training for each trained operator):			
Name	Date	Certificate Number	Trained By

Trade name of sanitizer used for sanitizing tanning device & goggles prior to client use: _____

Trade name(s) of FDA certified protective eyewear: _____

Supplier for approved client cards (please enclose a sample copy of client card): _____

I hereby certify the above information is true and acknowledge receipt for a copy of the Oregon Administrative Rules (OAR) Division 333-119. I have read these Rules are agree to comply with all requirements.

Signature of Owner: _____ **Date:** _____