

**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Public Health Sanitation and Safety Program  
PO Box 369  
Trenton, NJ 08625-0369**

**APPLICATION FOR TANNING FACILITIES REGISTRATION  
(AUTHORITY: N.J.S.A. 26:2D-81 et seq., particularly 26:2D-88)**

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

<p>Registration Status:</p> <p><input type="checkbox"/> Initial Registration</p> <p><input type="checkbox"/> Annual Renewal Registration</p> <p><input type="checkbox"/> Change of Registration Information</p> <p style="color: red; font-size: small;">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 "Treasurer, State of New Jersey." Personal checks shall not be accepted.</p>	<p><b>FEE SCHEDULE</b></p> <p>Initial Registration or Annual Renewal Registration: \$300.00 (includes first ten sunlamp products) plus \$10.00 for each additional sunlamp product.</p> <p>Change of Registration Information: No fee required</p> <p>\$300.00 + [\$10.00 x (number of sunlamp products &gt;10)] = \$ _____</p>
---	---

Instructions:  
 For **Initial Registration**: Complete all information requested on this Application form.  
 For **Annual Renewal Registration**: Update the Initial Registration Application with any new or corrected information.  
 For **Change of Registration Information**: Update the Initial Registration Application with any new or corrected information.

FACILITY INFORMATION					
Name of Tanning Facility				Facility's Permanent ID Number	
Telephone Number			Email Address		
Street Address			Mailing Address (if different)		
City	State	Zip Code	City	State	Zip Code
FACILITY OWNERSHIP (Attach an additional sheet, if necessary.)					
Name of Owner			Telephone Number		Email Address
Street Address			Mailing Address (if different)		
City	State	Zip Code	City	State	Zip Code
Name of Owner			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 _____					Number of Sunlamp Products Provided in the Tanning Facility: _____

**APPLICATION FOR TANNING FACILITIES REGISTRATION  
(Continued)**

Provide the following information for each ultraviolet lamp or sunlamp product:

Manufacturer	Model Number	Serial Number	Type (Bed, Booth, Facial, Other)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Attach an additional sheet, if necessary.*

Names, addresses and telephone numbers of the tanning equipment suppliers, installers and service agents, if appropriate:

Name	Address	Telephone Number	Indicate whether Supplier, Installer or Service Agent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Attach an additional sheet, if necessary.*

Names of all trained tanning facility operators:

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;
- Outline of the Operator Training Curriculum; and
- Documentation that tanning facility operators have satisfactorily completed required training as specified in N.J.A.C. 8:28-3.11, including the names of trainer and/or training program.

**CERTIFICATION BY APPLICANT**

I have received and read the New Jersey Tanning Facilities Standards, N.J.A.C. 8:28-1et seq., 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 or local board of health. I certify that statements made in this application are true, complete and correct to the best of my knowledge and belief.

Name of Applicant ( <i>Print</i> )		Title
Signature of Applicant		Date