

APPLICATION FOR TANNING FACILITY REGISTRATION

This application and annual registration fee must be submitted within 30 days of the start of business. (Make checks payable to: Treasurer, State of Maine)

Annual Fee: \$50 plus \$20 per tanning device

Example: Tanning Salon with 3 beds.

Fee = \$50 + \$60 (\$20 x 3 beds) or \$110

Mail to:

State of Maine

Division of Environmental Health,

Radiation Control Program,

286 Water Street-4th Fl,

#11 State House Station

Augusta, ME 04333

FACILITY INFORMATION

TANNING FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE TANNING FACILITY OPENED: _____

MANAGEMENT AND OWNER INFORMATION

MANAGER'S NAME: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL: _____

OWNER'S NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

YOUR TANNING FACILITY MUST HAVE:

YES NO

AT LEAST ONE OPERATOR THAT HAS BEEN FORMALLY TRAINED

REQUIRED WARNING LABEL POSTED ON EACH MACHINE

PROTECTIVE GOGGLES AVAILABLE

AN OPERATOR PRESENT WHEN TANNING EQUIPMENT IS IN USE

INFORMATION ON PHOTSENSITIZING DRUGS AND RECOMMENDED

TANNING SCHEDULES FOR INDIVIDUALS AND PROVIDE INSTRUCTION

ON THE USE OF THE MACHINE

A CONSENT FORM FOR MINORS, TO BE SIGNED BY A PARENT

OR LEGAL GUARDIAN

A STATEMENT FOR THE CONSUMER TO SIGN INDICATING THAT THE

INFORMATION AND INSTRUCTIONS HAVE BEEN UNDERSTOOD

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TANNING BED/BOOTH INFORMATION:

Bed (<input type="checkbox"/>) Booth (<input type="checkbox"/>) (Please check one) Manufacturer: _____ Model: _____ Sales or Service Company Name: _____ Address: _____ _____	Maximum Tanning Time (Mins.) _____	How many in the facility (#) _____ Serial Number(s): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
Bed (<input type="checkbox"/>) Booth (<input type="checkbox"/>) (Please check one) Manufacturer: _____ Model: _____ Sales or Service Company Name: _____ Address: _____ _____	Maximum Tanning Time (Mins.) _____	How many in the facility (#) _____ Serial Number(s): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
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