



Registration of Tanning Equipment Bureau of Radiological Health

DHEC USE ONLY: Registration #: _____ Check #: _____

TO BE COMPLETED BY APPLICANT (PLEASE PRINT AND USE A PEN):

Facility Name: _____ FEIN#: _____

Telephone Number: _____ County: _____ Facility Type : _____

Facility Mailing Address: _____

Facility Street Address: _____

Name and Title of Person Responsible for Tanning Facility Operation: _____

Name of Facility Owner: _____ Email: _____

Name of Corporation or Franchise (if applicable): _____

Home Mailing Address and Telephone Number of Owner: _____

Tanning Equipment To Be Registered to This Facility

Equipment Type (Bed or Booth)	Model Number	Serial Number	Manufacturer	Purchased From	Date Installed/ Purchased

I certify that I have read and understand the requirements of Regulation 61-106 "Tanning Facilities." I understand that Regulation 61-106, Section 1.10, states it is a violation to make a material false statement to the Department regarding information contained in the application for registration, information pertaining to an inspection, or any information required by any provision of these regulations. I also understand making a material false statement to the Department could result in an enforcement action and fines. I certify by my signature that the information contained in this application is accurate and factual.

Signature of Owner: _____

Date: _____

Bureau of Radiological Health - Registration of Tanning Equipment (Form #0826)
Instructions for Completing Form 0826

PURPOSE:

This form is used to: apply for registration of a tanning facility and register tanning equipment to a facility. Each person acquiring a tanning facility shall use this form to apply for registration prior to beginning operation of the facility.

Item by Item Instructions:

1. Indicate the name of the facility to be registered.
2. Indicate the FEIN#.
3. Indicate the telephone number of the facility to be registered.
4. Indicate the name of the county where the facility is located.
5. Indicate the facility type.
6. Indicate the mailing address to be used by DHEC for all correspondence pertaining to the facility.
7. Indicate the street address (physical location) of the facility.
8. Indicate the name and title of the person responsible for the tanning facility operation, such as a manager.
9. Indicate the name of each facility owner. DHEC will send all correspondence, to include bills, to this person.
10. Email.
11. Name of corporation or franchise as listed in the S.C. Secretary of State website: <http://www.sos.sc.gov>, if applicable.
12. Indicate a home mailing address and home telephone number for each owner of the facility.
13. Tanning Equipment To Be Registered to This Facility - Indicate the following for each piece of tanning equipment to be registered or added: equipment type (i.e. bed or booth); model number; serial number; manufacturer; from whom the equipment was purchased; date installed or purchased.
14. **Material False Statement - The owner and manager must sign and date the statement certifying they have read and understand the requirements of R.61-106 and the application information is correct. It is a violation to make a material false statement to the Department.**
15. **Mail completed form along with the \$50.00 application fee to: SCDHEC, Bureau of Radiological Health, Attn: Tanning Registration, 2600 Bull Street, Columbia, SC 29201.**

OFFICE MECHANICS AND FILING:

The application shall be stamped in when received by the Bureau of Radiological Health, a registration number assigned, and the application fee processed. The registration number is recorded on the original registration form and is kept in a file designated by the Bureau of Radiological Health. The files follow the Tanning Files Retention Schedule. A copy of the registration form is sent to the registrant with the application registration memo.

WEBSITE: www.scdhec.gov