

**Department of Health**  
**Health Regulation and Licensing Administration**  
**Radiation Protection Division**  
**TANNING FACILITY APPLICATION FOR LICENSURE**  
 899 North Capitol Street, N.E. – 2<sup>nd</sup> Floor, Washington D.C. 20002  
 (202) 724-8800

<b>FACILITY INFORMATION</b>			
<b>Instructions:</b> <b>For New License:</b> Complete all information requested on this Application Form <b>For License Renewal:</b> Update the New License Application with any new or corrected information <b>For Change in Ownership/ Location/ Information:</b> Update the New License Application to document changes			
<b>NEW</b> <input type="checkbox"/>		<b>RENEWAL</b> <input type="checkbox"/>	
<b>CHANGE IN INFORMATION</b> <input type="checkbox"/>			
Name of Tanning Facility			Facility's Permanent ID Number <b>TF-</b>
Telephone Number		Email Address	
Street Address		Mailing Address (if different)	
City	State	Zip Code	City                      State                      Zip Code

<b>FACILITY OWNERSHIP</b>			
<i>(Attach an additional sheet, if necessary)</i>			
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
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<b><u>IF A CORPORATION, LIST NAME, ADDRESS &amp; PHONE NUMBER OF D.C. REGISTERED AGENT (D.C. Official Code § 29-101.10)</u></b>	
Name: _____	Phone # _____
Address: _____	

### FACILITY'S OPERATING HOURS & LOCATION

<b><u>BUSINESS INFORMATION</u></b>	Days	Hours
Primary Type of Business in which the Tanning Facility is located: <input type="checkbox"/> Stand-alone Tanning Salon <input type="checkbox"/> Health Club/Fitness Center <input type="checkbox"/> Other _____		Number of Sunlamp Products Provided in the Tanning Facility:

### EQUIPMENT INFORMATION

*(Attach additional sheet if necessary)*

<b>Tanning Facility Equipment Information</b>					
<i>(Use additional sheets if necessary)</i>					
Manufacturer	Model #	Type of Unit (check type)			Serial Number & Year Put-in-Service
		Bed	Booth	Other	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Lamp Manufacturer	Lamp and Equivalent Lamp Model Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Provide the names, addresses and telephone numbers of the tanning suppliers, installers and service agents, if appropriate *(Attach additional sheet if necessary)*

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

Please name and identify managers and all trained facility operators *(Attach additional sheet if necessary)*

Name	Name of Trainer	Date of Training
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you provide employees with training recognized by the tanning industry that at a minimum includes the following topics: the operation and maintenance of equipment and safety aids; need and use of protective eyewear; skin typing; factors used to determine a customer's exposure time; UV radiation and its effect on the skin and eyes; and District and federal laws and regulations pertaining to the operation and use of a tanning device including 21 C.F.R.1040.20?    **Yes**     **No**

Have you listed all tanning equipment and devices at this facility on Pages 3 and 4 of this application?  
**Yes**     **No**

**CERTIFICATION BY APPLICANT**

I have received and read the District of Columbia Tanning Facility Regulations, Title 25-F District of Columbia of Municipal Regulations and I certify that this tanning facility meets these standards. I realize I will be liable for fines and /or penalties specified in the regulations if I fail to correct violations cited by the Department of Health. I also certify that statements made in this application are true, complete and correct to the best of my knowledge and belief.

Name of Applicant (Print)	Title
Signature of Applicant	Date

**Make check /money order (no cash) payable to:**  
**D.C. Treasurer**

**Send completed application and licensing fee to:**

**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH  
RADIATION PROTECTION DIVISION – TANNING PROGRAM  
P. O. Box 37804  
Washington, D.C. 20002**

**FOR OFFICIAL USE ONLY**

Amount Rec'd:	\$ _____
<input type="checkbox"/> Check	# _____
<input type="checkbox"/> Certified Check	# _____
<input type="checkbox"/> Money Order	# _____
Date:	_____ / _____ / _____
Receipt	# _____
License/ Registration	# _____

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov).