

**IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH**

**LUCAS STATE OFFICE BUILDING, 5TH FLOOR, 321 EAST 12TH STREET, DES MOINES, IOWA 50319**

**RENEWAL APPLICATION FOR TANNING FACILITY AND EQUIPMENT**

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Complete this application and send it to the address above with proof of Owner testing and \$5 in a check or money order made payable to IDPH.

**If you have any questions, please contact:**

Charlene Craig Phone: 515-281-0415 Email: charlene.craig@idph.iowa.gov

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**FACILITY INFORMATION:**

Facility Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Phone Number 1: \* \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email: \_\_\_\_\_ EIN/SSN: \* \_\_\_\_\_

Permit Number \* \_\_\_\_\_

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**AFFIRMATION QUESTIONS:**

During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you or the organization?\*

Yes      No

If yes, include the date, location, reason, and resolution.

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During the previous licensing period, were there judgments or settlements paid on your or the organization's behalf as a result of a professional liability case? \*

Yes      No

If yes, include the date, location, reason, and resolution.

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During the previous licensing period, did you or the organization have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? \*

Yes      No

If yes, provide a description of the circumstances.

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**24 HOUR/ELECTRONIC TANNING:**

Is the facility offering tanning sessions under the 24 hour/electronic tanning rules? Yes No

**TANNING FACILITY TRAINING:**

I have read the user manual and am familiar with its recommendations on exposure Yes No

I am familiar with the tanning unit(s) and how it/they work. Yes No

All operators and managers know how to determine tanning times according to skin type? Yes No

All operators and managers know how to adjust tanning times for previous tanning exposures, Photosensitizing agents, and new lamps. Yes No

All operators and managers know how to clean the bed and what cleaning agent to use. Yes No

All operators and managers recognize brands of goggles that are Approved. Check them for alterations and or cracks. Yes No

All operators and managers know what records are to be kept and where. Yes No

All operators and managers know where the consumer is to sign that they have read the IDPH health warnings. Yes No

There is a facility procedure for denying tanning to those who refuse to follow required regulations Yes No

All operators and managers know the procedures for emergencies and where the phone numbers are located. Yes No

I agree to train all operators according to IDPH employee testing and training. Yes No

**LIST EACH CONTACT DETAILS SEPARATELY. (USE ADDITIONAL PAGES IF NECESSARY.)**

**MANAGER CONTACT INFORMATION: \***

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Phone Number 1: \* \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email: \_\_\_\_\_ License Number: \* \_\_\_\_\_

Business Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip Code: \* \_\_\_\_\_

Copy of proof of completion of the monitored exam included with generated application? \*

Yes

No

NA

Monitored Manager Exam Date: \* \_\_\_\_\_

**OWNER CONTACT INFORMATION: \***

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Phone Number 1: \* \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email: \_\_\_\_\_ License Number: \* \_\_\_\_\_

Business Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip Code: \* \_\_\_\_\_

**LIST EACH DEVICE DETAILS SEPARATELY. (USE ADDITIONAL PAGES IF NECESSARY.) \***

**TANNING DEVICE INFORMATION:**

Complete the information for each tanning device. List bed or booth but do not list equipment such as protective eyewear, timers, and handrails. Add an additional page if you have more than five units.

Type: 1. Bed 2. Booth

1.	_____	_____	_____	_____
Type	Manufacturer of device	Manufacturer date (year)	Tanning Device Identifier	
2.	_____	_____	_____	_____
Type	Manufacturer of device	Manufacturer date (year)	Tanning Device Identifier	
3.	_____	_____	_____	_____
Type	Manufacturer of device	Manufacturer date (year)	Tanning Device Identifier	
4.	_____	_____	_____	_____
Type	Manufacturer of device	Manufacturer date (year)	Tanning Device Identifier	
5.	_____	_____	_____	_____
Type	Manufacturer of device	Manufacturer date (year)	Tanning Device Identifier	

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

\_\_\_\_\_  
**Owner/Manager Signature**

\_\_\_\_\_  
**Date**