

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH

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

APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY AND EQUIPMENT

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

FACILITY INFORMATION: please print or type.

Facility Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip: * _____

Phone Number 1: * _____ Phone Number 2: _____

Email: _____ EIN/SSN: * _____

AFFIRMATION QUESTIONS:

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? Yes No

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

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? Yes No

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

Have you or the organizations ever had 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

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