

**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 TANNING FACILITY DEVICE DETAILS SUPPLEMENTAL SHEETS**

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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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**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

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**Owner/Manager Signature**

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**Date**