

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 MANAGER DETAILS SUPPLEMENTAL SHEETS

FACILITY INFORMATION:

Facility Name: * _____

Street Address: * _____

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

Phone Number 1: * _____ Phone Number 2: _____

Email: _____ EIN/SSN: * _____

Permit Number * _____

LIST EACH MANAGER 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: * _____

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