



Tanning Facility Registration UPDATE

New Board of Health regulations require tanning facility owners in Howard County to submit this update form should any information submitted with their registration application change. The owner of the tanning facility shall submit this form within thirty (30) days of the change to stay in compliance. A new owner may operate an existing, registered tanning facility provided this form is submitted to the Health Officer within the time frame (Regulation .10(c)). Do not use this form if you need to submit a new or renewal tanning registration application.

Instructions: Please completely fill out this form and submit it to the Health Department within 30 days of a change in registration information.

FACILITY NAME		PHONE # w/ area code	
FACILITY ADDRESS			
	<i>Street number & Street name</i>	<i>City & State</i>	<i>Zip Code</i>

OWNER OR CORPORATION NAME		PHONE # w/ area code	
OWNER OR CORPORATION ADDRESS			
	<i>Street number & Street name</i>	<i>City & State</i>	<i>Zip code</i>

IF CORPORATION, LIST NAME & PHONE # OF RESIDENT AGENT

Name: _____ Phone #: _____

BUSINESS INFO		
	<i>List the hours & days facility is open for business</i>	<i>List the number of trained full/part-time attendants</i>

Do you provide a bathroom for customer use or have a Health Officer waiver on file (Regulation .08)? YES NO

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; identification of potential photosensitizing drugs and other factors used to determine a customer's exposure time; UV radiation and its effect on the skin and eyes; and applicable state and federal laws and regulations pertaining to the operation and use of a tanning device including 21CFR1040.20 (Regulation .17)? YES NO

Have you listed all tanning devices at this facility on Side 2 of this registration application? YES NO

I, [the undersigned], have carefully examined and read this application and the Board of Health regulations governing tanning facilities and certify that the information provided in this registration application is true and correct. By signing this registration, I agree to permit the Howard County Health Department to inspect the premises listed during operating hours for determination of compliance with the Board of Health regulations.

Signature of Registrant	Printed Name & Title	Date (MM/DD/YYYY)

Send update form to: HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH – TANNING PROGRAM 7178 Columbia Gateway Drive Columbia, MD 21046 410-313-1773	<u>For Office Use Only</u> Date Received: Registration #: Expiration Date:
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