

## Application for Tanning Facility Registration

Mississippi State Department of Health Office of Environmental Health  
570 East Woodrow Wilson, Suite O-300, Jackson, Mississippi 39215  
Voice: (601) 576-7690 Fax: (601) 576-7632  
www.HealthyMS.com/tanning

**Instructions:** Fill out form completely and accurately. Make sure you keep a copy for your records. Once the form is processed you will be sent an invoice for payment. Upon receipt of payment, the Mississippi State Department of Health will send you a registration certificate to be posted in public view. If you need more space use additional paper and attach it to this application.

**Check one:**  New Facility  New Owner  New Equipment      **Registration No.** \_\_\_\_ **T** \_\_\_\_

### Facility Information

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

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_ Hours (M-F): \_\_\_\_\_

Manager: \_\_\_\_\_ Email: \_\_\_\_\_

### Address Information (include City, State, Zip)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

### Owner Information

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Previous Owner Name & Phone #: \_\_\_\_\_

Former Facility Name: \_\_\_\_\_ Date you took over ownership: \_\_\_\_\_

### Operating and Safety Procedures

I have attached a copy of my operating and safety procedures for all tanning devices.

### Additional Information

1) All operators are required to complete the Tanning Operator Training from an approved vendor prior to operating any tanning device in Mississippi. A list of vendors is available on the website listed above.

2) No one under the age of 18 is permitted to tan unless a parent/guardian has signed a consent form in the presence of the operator. Additionally, consumers under 14 must have the parent/guardian present while using the device.

3) Failure to pay registration fees in the specified amount of time could result in civil penalties as outlined in Rule 6.1.14.

**Information regarding the Indoor Tanning Program including regulations, forms and signs can be found on our website at [www.HealthyMS.com/tanning](http://www.HealthyMS.com/tanning).**



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### Tanning Device Information (Use separate sheet if necessary)

**Device 1:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 2:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 3:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 4:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 5:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 6:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth



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**Device 7:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 8:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

**Device 9:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Base Serial #: \_\_\_\_\_ Canopy Serial #: \_\_\_\_\_  
Designated Lamp Model: \_\_\_\_\_  Bed  Booth

### Tanning Equipment Supplier, Installer and Service Agent

Equipment Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact (if known): \_\_\_\_\_

Equipment Installer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact (if known): \_\_\_\_\_

Equipment Service Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact (if known): \_\_\_\_\_

I hereby certify the above information is true and accurate to the best of my knowledge. I have read, understand and will comply with the Mississippi State Department of Health, Part 14, Subpart 70, Chapter 6 - Regulations for Tanning Facilities.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

