

## **Oregon Tanning Vendor License Application**

Oregon Public Health Division | Radiation Protection Services 800 NE Oregon Street, Suite 640; Portland, OR 97232 Voice: (971) 673-0490 | Fax: (971) 673-0553 | Web: www.healthoregon.org/tanning

**Instructions:** Tanning vendors who wish to offer services in the State of Oregon are required to be licensed with the Authority. Failure to do so may result in civil penalties as outlined in Oregon Administrative Rule (OAR) chapter 333 division 124. Fill out the application completely and accurately. You will be sent an invoice for payment of the annual validation fee of \$500 once the application has been processed. Upon receipt of payment, RPS will send you a certificate of validation. Tanning vendor licenses must be renewed annually. Maintain a copy of the application for your records. Items marked with an \* will be displayed on our website.

11 /	1 /		
Sales Vendor Service Vendor Train	ing Vendor		
Update Information for License #:			
Company Information			
	ail:		
Incorporated:  Yes No State of Filing:			
Contact Information			
Name & Title:			
Mailing Address:			
*Phone #: *En	nail:		
Fax Number:			
<b>Note:</b> The Authority will provide you with Oreg The Authority will set up an audit of the course	gon specific materials to incorporate into your training. before final approval can be given.		
Select a Training option (you may select more th	han one): 🗌 Online 🔲 On-site 🔲 Self-Study		
Submit the following information for review:			

- $\bigcirc$  Copies of all training materials to be used for the course
- $\bigcirc$  Copy of course exam
- A resume or CV for all on-site trainers



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Sales			
Check all that apply:			
Tanning devices Time	rs 🗌 Lamps 🗌 San	nitizer 🗌 Protective	eyewear 🗌 Tanning software
UV light measurement devi	ces		
Other:			
	ty of the following inf	ormation within 30 o	lays of each sale or installation of a tanning
$\bigcirc$ Name & Address of the	e person who have recei	ived the device	
$\bigcirc$ Manufacturer of the de	evice		
$\bigcirc$ Model of the device			
$\bigcirc$ Serial number of the de	evice (include both base	e & canopy)	
$\bigcirc$ Date of sale or transfer	of the device		
Services			
Check all that apply:			
Tanning device installation	Timer installation	n 🗌 Software insta	llation 🔲 Tanning device cleaning
Tanning device maintenance	ce Timer repair	☐ Electrical ☐ U	V light measurement devices calibration
Other:	_		
Submit the following inform	nation for review:		
$\bigcirc$ A list of all employees	who will perform servic	e on tanning beds	
		-	ployee who will perform electrical work
I hereby certify the above int Oregon Administrative Rule			nd agree to comply with all requirements of
Signature of Owner:			Date:
For Office Use Only:			
Approved Date:	Initials:	License #:	Expiration Date:
Denied Date:	Initials:	Reason:	