

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.

of the approacion for your records, recine r	marked with all will be displayed on our weester.
Sales Vendor Service Vendor	Training Vendor
Update Information for License #:	
Company Information	
*Business Name:	
Owner Name:	
	Email:
*Website:	
Incorporated: Yes No State of Fili	
Contact Information	
Name & Title:	
Mailing Address:	
*Phone #:	*Email:
Fax Number:	
Note: The Authority will provide you with The Authority will set up an audit of the co	Oregon specific materials to incorporate into your training. ourse before final approval can be given.
Select a Training option (you may select m	nore than one): Online On-site Self-Study
Submit the following information for rev	view:
O Copies of all training materials to be u	used for the course
 Copy of course exam 	
○ A resume or CV for all on-site trainer	'S

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Sales	
Check all that apply:	
☐ Tanning devices ☐ Timers ☐ Lamps ☐ Sanitizer ☐	☐ Protective eyewear ☐ Tanning software
UV light measurement devices	
Other:	
You must notify the Authority of the following information device:	n within 30 days of each sale or installation of a tanning
O Name & Address of the person who have received the d	levice
 Manufacturer of the device 	
 Model of the device 	
O Serial number of the device (include both base & canop	y)
 Date of sale or transfer of the device 	
Services	
Check all that apply:	
☐ Tanning device installation ☐ Timer installation ☐ S	oftware installation
☐ Tanning device maintenance ☐ Timer repair ☐ Elect	trical UV light measurement devices calibration
Other:	
Submit the following information for review:	
○ A list of all employees who will perform service on tann	ning beds
A copy of the current State of Oregon Electrician License	-
I hereby certify the above information is true. I have read to Oregon Administrative Rules (OAR's) 333-119 and 333-12	
Signature of Owner:	Date:
For Office Use Only:	
Approved Date: Initials: Lic	ense #: Expiration Date:
Denied Date: Rea	ason: