	Oregon Application for Tanning Facility Registration Oregon Health Authority 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	
processed you w		
Facility Inform	ation	
Facility Name:		
Phone #:	Website: Hours (M-F):	
Manager:	Email:	
Address Inform	ation (include City, State, Zip)	
Physical Addres	S:	
Mailing Address	:	
Billing Address:		
Owner Inform	ition	
Owner Name:	Phone #:	
Email:	Alt Phone #:	
Previous Owner N	ame & Phone #:	
Former Facility	Name: Date you took over ownership:	
Business Inform	nation	

I have attached a copy of my Annual Report application that is submitted to the Secretary of State.

Additional Information:

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

2) No one under the age of 18 is permitted to tan unless they have a completed physician's recommendation signed by a licensed physician.

3) Failure to pay registration fees in the specified amount of time will result in civil penalties as outlined in OAR Chapter 333-124.

Information regarding inspections, Oregon Administrative Rules, forms, and signs can be found on our website at **www.healthoregon.org/tanning**



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Tanning Device Information

Please use separate sheet if necessary. The Rad-T # is found on a yellow State sticker placed on tanning devices during an inspection. They are typically located in the top right corner of a tanning bed. Brand new beds will not have a sticker yet.

Device 1: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
Device 2: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
Device 3: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
Device 4: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
Device 5: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
Device 6: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
Device 7: Manufacturer:	Model:	
Base Serial #:	Canopy Serial #:	
Designated Lamp Model:		Rad-T #:
I hereby certify the above information is tru Oregon Administrative Rules, Chapter 333 Signature of Owner:	ue and accurate to the best of my knowledge Division 119 and 124. Date:	