

Tanning Facility Information		Registration – Permit No.	
1. Name		2. Telephone	
3. Physical Address:	4. City:	5. State:	6. Zip Code:
7. Mailing Address:	8. City:	9. State:	10. Zip Code:
Registrant (Owner/Proprietor) Information			
11. Name:		12. Telephone:	
13. Mailing Address:	14. City:	15. State:	16. Zip Code:
17. Managers Name:	18. Operator's Name		
Tanning Equipment Information			
19. Name of Manufacturer:	20. Model Number:	21. Serial Number:	
22. Date of Manufacturer:	23. Bed or Booth:	24. Type of UV Lamps	
Injury Information			
25. Name of Injured:		26. Telephone:	
27. Address:	28. City:	29. State:	30. Zip Code:
31. Name of Parent (if injured is a minor):			
32. Date Injury Reported:	33. Date of Injury:	34. Duration of UV Exposure:	
34. Describe Injuries: ** Attach supplementary sheet if more space is needed.			
35. : Name of Attending Physician:		36. Telephone:	
38. Physician's Address:	39. City:	40. State:	41. Zip Code:
42. Registrant's Signature:			43. Date:



SAMPLE

TANNING INJURY REPORT
(Please type or print the information below)

SAMPLE



National Tanning Training Institute

Revised 8/5/2004