TANNING FACILITY APPLICATION FOR PERMIT

NAME OF FACILITY	
OWNER/OWNERS OF FACILITY	
ADDRESS	TELEPHONE #
MANUFACTURER OF TANNING EQUIPMENT	
MODEL I	
SERIAL #	
TYPE OF EACH ULTRAVIOLET LAMP OR TANNING DEVICE:	
NAME & ADDRESS OF TANNING DEVICE SUPPLIER:	
NAME & ADDRESS OF INSTALLER:	
NAME & ADDRESS OF SERVICE AGENT:	
I HAVE READ AND URDERSTAND THE REQUIREMENTS OF THESE REGU	JALATIONS 105 CMR 123.000.
SIGNATURE	DATE

- * A COPY OF THE CONSENT FORM USED BY THIS FACILITY AS REQUIRED BY 105 CMR 123.012 (D) (2) (3) MUST ACCOMPANY THIS APPLICATION.
- * A COPY OF THE OPERATING SAFETY PROCEDURES TO BE FOLLOWED IN THE OPERATION OF THE FACILITY AND TANNING DEVICES.