

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
TANNING REGISTRATION APPLICATION**

In order to process your tanning registration application, all pages must be properly completed with all required information. **An application fee of \$45.00 is required.** Please make check or money order payable to "Treasurer, State of New Hampshire". Incomplete applications **WILL BE RETURNED.**

TANNING FACILITY NAME: _____

FACILITY **PHYSICAL** ADDRESS: _____

FACILITY **MAILING** ADDRESS: _____

FACILITY PHONE NUMBER: _____

PLEASE CHECK ONLY ONE:

New Tanning Facility

Change of Ownership Previous Facility Name: _____
(For current operating facility)

Previous Facility Owner: _____

Change of Facility Location Previous Facility Name: _____

Previous Facility Address: _____

Tanning facility being licensed will be owned by (**CHECK ONLY ONE**):

Individual Name: _____

Home address: _____ Phone #: _____

City: _____ State: _____ Zip code: _____

If the tanning facility being registered is a Corporation, LLC, or Partnership a complete list of all owner names, addresses, and telephone numbers must be provided. Attach a separate sheet if needed to list all owners.

Corporation Name: _____
or L.L.C

Home address: _____ Phone #: _____

City: _____ State: _____ Zip code: _____

() Partnership Name: _____
 Home address: _____ Phone #: _____
 City: _____ State: _____ Zip code: _____
 Name: _____
 Home address: _____ Phone #: _____
 City: _____ State: _____ Zip code: _____

TANNING DEVICE INFORMATION: Complete the information for each tanning device. List bed, booth, or other (please specify). Do not list equipment such as protective eyewear, timers, or spray tanning equipment.

1. _____ # of devices
 Type of tanning device
2. _____ # of devices
 Type of tanning device
3. _____ # of devices
 Type of tanning device
4. _____ # of devices
 Type of tanning device
5. _____ # of devices
 Type of tanning device

**TANNING FACILITY MUST ENSURE THEY COMPLY WITH THE FOLLOWING:
 RSA 313-A:1**

XI-a. "Operator" means a person age 18 or older who has received training through a program approved by the board in the safe operation of tanning devices, operates the tanning device, controls the length of the exposure to UV light, and instructs the consumer in the proper use of the device.

Operational Requirements of RSA 313-A:30

I. Operators shall have sufficient knowledge in the operation of the tanning devices, including but not limited to:

- (a) Requirements of this section and of 21 CFR 1040.20;
- (b) Proper use of U.S.F.D.A. Recommended Exposure Schedule;
- (c) Procedures for correct operation of the tanning facility/device;
- (d) Recognition of injuries and the facility's procedures for handling such injuries from overexposure to

ultraviolet radiation;

- (e) Manufacturer's procedures for operation and maintenance of the tanning device;
- (f) Proper use of protective eyewear;
- (g) Emergency procedures in case of injury;
- (h) Effects of UV radiation, acute and chronic exposure, biological effects and health risks;
- (i) Photosensitizing agents; and
- (j) Recognition of the 6 skin types and the Fitzpatrick Scale.

II. Operators shall be trained in all of the areas listed in paragraph I. Training shall be received through curricula and programs approved by the board. A tanning facility shall maintain a list of the facility's operators who have been trained in accordance with this section. Such list shall include the date of the training and shall be available for inspection by the board.

III. Operators shall obtain proof of age from each tanning device user pursuant to RSA 313-A:31, I.

IV. Operators shall read aloud and shall provide each tanning device user with a written consent statement containing the wording listed below and the Fitzpatrick Scale. The consumer consent form shall include the following wording in at least size 12 font:

"DANGER--ULTRAVIOLET RADIATION

Follow instructions.

Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions.

Repeated exposure may cause premature aging of the skin and skin cancer.

Wear protective eyewear. Failure to use protective eyewear may result in severe burns or long-term injury to the eyes.

Medication or cosmetics may increase your sensitivity to the ultraviolet radiation.

Consult a physician before using sunlamp or tanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight."

V. Upon notification by a consumer of a complaint or an alleged tanning injury, a registrant shall provide information to the consumer about how complaints may be filed with the board.

VI. The tanning facility registrant shall maintain a record for each individual tanning device user which shall include dates exposed, length of exposure and signed consent form. Records shall be maintained for a minimum of 3 years or 3 years past the age of majority of the client.

313-A:31 Tanning of Minors Prohibited –

I. It shall be unlawful for a person under the age of 18 to utilize a tanning device at a tanning facility in the state. Operators shall obtain proof of age from each person using a tanning device.

II. This section shall not apply to any physician, advanced practiced registered nurse, or physician assistant licensed under RSA 329, RSA 326-B, or RSA 328-D respectively, who, in his or her practice, uses or prescribes to be used a phototherapy device with respect to a patient of any age.

ALL TANNING APPLICATIONS MUST BE SIGNED BEFORE SENDING TO THE BOARD OFFICE.

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of registration, as applied for, but also to the retention of said certificate, if issued.

Signature of applicant: _____

Date: _____