

Application for Individual Tanning Operator Certification  
Division of Environmental Health  
Utah County Health Department

*Please Print*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Tanning Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Age \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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(Department use only)

Date application fee paid \_\_\_\_\_ Certificate Number \_\_\_\_\_

Date test Taken \_\_\_\_\_ Pass? Yes \_\_\_\_\_ No \_\_\_\_\_

Date Certificate issued \_\_\_\_\_