

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INFORMATION FOR COMPLETING TANNING DEVICE REGISTRATION APPLICATION**

Tanning Device Registration Renewal:

- No person may operate a tanning facility without a permit issued by the Department of Safety and Professional Services (DSPS).
- Permits issued by the DSPS expire annually on June 30.
- A permit holder shall notify the DSPS in writing of any changes in information that appears on the permit, such as facility ownership, business status, or address within 30 days after the change.
- No permit issued by the DSPS may be transferred from one person to another or from one facility to another.
- Multiple tanning devices at a single location and under the control of one person may be considered a single registration and only one registration fee is required. If the devices are located at separate addresses, it will be necessary to consider each location as a separate registration. One application form and fee are required for each registration.

License Renewal Application Process:

1. **Submit completed renewal application (Form 3175)**, <https://dsps.wi.gov/Credentialing/Health/fm3175.pdf>, and applicable fee(s).
2. **Tanning Facility Credential Convictions Form (3352)**, if applicable

Note: This application is for renewal applications. For NEW applications, change-of-ownership applications, or change-of-location applications, follow instructions in [Form 3175-INFO](https://dsps.wi.gov/Credentialing/Health/info3175.pdf), <https://dsps.wi.gov/Credentialing/Health/info3175.pdf>.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING TANNING DEVICE REGISTRATION APPLICATION FORM

For Renewal Only: Wisconsin Credential Number _____ - 401.

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Primary Business Type: Tanning Cosmetology Health and Fitness Other _____

Facility Name

Facility Address (street) _____	(city) _____	(state) (zip code) _____	Facility Telephone Number _____ - _____ - _____
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Social Security Number _____ or **Federal Employer Identification Number**
 _____ - _____ - _____ _____ - _____ - _____

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

E-mail Address

Name of Facility Operator _____	Title of Facility Operator _____	Number of Tanning Devices _____
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Device Brand Name	Model Number	Device Brand Name	Model Number

Signature of Facility Operator (Provide digital signature or print and sign form.) **Date**
 _____ ____/____/____

APPLICATION FEES:

Tanning Device Registration RENEWAL
\$10.00 Total Fee Attached

For Receiving Use Only (401)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Renewal Application (Form #3175) and appropriate fee Tanning Facility Credential Convictions Form ([3352](#)), if applicable

Have been convicted of any felony committed while engaged in the practice of operating a tanning facility? Yes No
If yes, complete Form 3352 and provide all required documentation.

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____

Date: / /

(Provide a digital signature or print and sign form.)