

REGISTRATION OF SOLARIUM

Information about the solarium, changes to the existing solarium or closing down of the solarium

Information about owner/lessee

Name of owner or lessee:	
Address:	
Postal code and town:	
Country:	
E-mail:	

Options of registration

Please select the type of registration you want to forward to the Danish Safety Technology Authority. You can choose between the first registration of solarium, change of registration of solarium or closing down of the solarium.

Registration of a new solarium – complete a form for each solarium

Name of the solarium Please state the name of the solarium:
Address of the solarium Please state the address, postal code and city where the solarium is located.
Additional information The additional information in the fields below is optional. Owners/lessees are requested to state some additional information about the solarium by registration. It is optional for owners/lessees to submit the information but according to §7 (2) of Act on Solarium, the Danish Safety Technology Authority can subsequently require all information necessary for controlling that the provisions of the Act on Solarium and regulations provided pursuant to this Act are complied with.
UV-type 1 Please state number of sunbeds of this type in the solarium:
UV-type 2 Please state number of sunbeds of this type in the solarium:
UV-type 3 Please state number of sunbeds of this type in the solarium:
UV-type 4 Please state number of sunbeds of this type in the solarium:

Unknown UV-type

Please state number of unknown type of sunbeds in the solarium:

How is the solarium manned?

Please state how the solarium is manned

Unmanned Manned with non-trained staff Manned with trained staff

Information about changes of solarium**Name of the solarium**

Please state the registered name of the solarium:

Address of the solarium

Please state the registered address - name of street, number, postal code and city of the solarium:

Change of name of solarium**New name of the solarium**

Please state the new name of the solarium:

Change of address of solarium**New name of the solarium**

Please state the new address – name of street, number, postal code and name of town.

Changes of additional information**Information**

The additional information is optional.

It is optional for owners/lessees to submit additional information but according to §7 (2) of Act on Solarium, the Danish Safety Technology Authority can subsequently require all information necessary for controlling that the provisions of the Act on Solarium and regulations provided pursuant to this Act are complied with.

UV-type 1

Please state number of sunbeds of this type in the solarium:

UV-type 2

Please state number of sunbeds of this type in the solarium:

UV-type 3

Please state number of sunbeds of this type in the solarium:

UV-type 4

Please state number of sunbeds of this type in the solarium:

Unknown UV-type

Please state number of unknown type of sunbeds in the solarium:

How is the solarium manned?

Please state how the solarium is manned

Unmanned Manned with non-trained staff Manned with trained staff

Information about solarium which closes down**This solarium closes down****The name of the solarium**

Please state the name of the solarium:

Address of the solarium

Please state the address where the solarium is located.

Date of closing down

Please state which date the solarium has closed down:

Statement of owner/lessee**Confirmation of information**

Owner/lessee of the solarium must confirm that the information is correct before the registration form is submitted to the Danish Safety Technology Authority.

* All Danish solariums must be registered no later than 31 October 2014, cf. §6 (1) of the Act on Solarium. It is compulsory to state the name and address of the solarium and the name, address and CVR number, if any, of the owner/lessee.

Violation of the liability of registration according to §6 (1) of the Act on Solarium can according to § 9 (1) may be punishable by a fine, unless more severe punishment or other legislation applies.

I confirm that I am the owner/lessee of the above solarium/solariums and that the mandatory information is correct.

Signature:

Date: