

CERTIFIED TANNING PROFESSIONALS

Testing Center Application



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Avon OH 44011



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www.trainohio.com
www.suntansupply.com



440 937 7775
800 994 8484

Salon Information _____

Company Name:	
Contact Name:	
Salon Address:	
City, State, Zip:	
County:	
Salon Phone Number:	
Email Address	

Location Hours: Days and Times Testing will be available _____

MON: _____ TUES: _____ WEND: _____ THURS: _____
FRI: _____ SAT: _____ SUN: _____

Testing Center Requirements _____

	Testing center hours should be from the time the salon opens to 1/2 hour prior to closing.
	All employees must be trained and able to administer the test to outside salon employees.
	Locations are not permitted to turn away walk-in salon employees seeking to take the written test.
	All sections of the test must be filled out by both the salon employee and the employee taking the test.
	Locations should keep a binder or folder for 60 days that holds written tests.
	All written tests must be sent into Suntan Supply within 24 hours of completion.
	Salons are not permitted to charge a fee for testing.
	Should the salon employee not have access to a printer, locations are supplied with copies of the blank answer sheets.

Agreement & Signature _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I Understand that if I am accepted as a testing center, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal. I also agree to monitor and offer testing at the above location as stated in the duties of a testing center.

Name (Printed):	
Signature:	
Date:	