## INSTRUCTIONS TO RENEW A TANNING FACILITY REGISTRATION

Use the following link to access the online licensing system:

https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account, set up your Profile Page and linked to the Company. If you have not created an account, go to

https://dial.iowa.gov/licenses/tanning and follow the "How to create an account" instructions.

## Sign In on the portal home page.

I <b>O</b> WA	Iowa Regulatory Licensing (DIAL & HHS Public Health)	
♥ Services	WELCOME TO THE ONLINE LICENSING SERVICES SITE FOR PROGRAMS WITHIN:	
▲ Home	DIAL BUREAU OF ENV. HEALTH AND CONTRACTOR (PMSBLEAD, YATO GBACKFLOW, POOLS & TANNING) HHS BUREAU OF FANGENCIAL AND TRAUMA SERVICES HHS BUREAU OF RADIOLOGICAL HEALTH	
▲ Public Search		
Sign In		
New User Registration		
Help	Public Search New User Registration Existing Users Sign-in	
	For additional information, instructions and rules, follow the link below to the appropriate bureau page. DIAL BUREAU OF ENV. HEALTH AND CONTRACTOB Programs include Buddhow, Lead, Plumbing & Mechanical, Swimming Pools & Spas, Tatto & Tanning, For the above program specific issues contract @ [15][23] 12[23] 2	
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You will be on your personal profile page. You will see all companies that you are authorized to manage online.

Click on your facility, then click **Continue**.

If your existing company is not listed here, please contact env.health@dia.iowa.gov.

IOWA.	Iowa Regulatory Licensing (DIAL & HHS Public Health)		
♦ Services @Agencies ⊕Social	My Profile		
Tonya Webb	Select your facility name, organization name, or personal license:		
▲ Home	Select a Membership for your Actions: If this is a renewal and your facility is not listed or you are unsure of the application you need to submit, g	ontact your license program, DO NOT CREATE A NEW FACILITY RECORD.	
▲ Public Search	If this is a new company registration/application, click on New Company Registration on the left side bar in Once you have selected your option, click 'Continue' below	o create the facility record and then proceed with your new license, permit or program application.	
My Profile	O Personal Licenses	ten ten Onerheiten Onerheiten Onerheiten	-
New Company Registration	Omercentric Organization Omercentric	and Chemisteria and Chemisteria and Advant	
<ul> <li>My Licenses, Permits, &amp; Programs</li> </ul>	() Tonyas Te	TW Tanning	
<ul> <li>Apply for License, Permit, or Program</li> </ul>		Continue	My Profile
🤿 Sign Off	Basic Profile Dataile (DIN: 144440)		
🗢 Help	Name Tonya Webb	Date of Birth 04/09/1975	
	Email Address* tonya.webb@dom.iowa.gov	Preferred Address	*
	Physical Address Details		
	Address is	▼ ATTN	
	House Number * 321	Street Profix East	· •
	Street Name *	Street Type	

You will be directed to the **My Licenses, Permits, & Programs** page for your facility. Click **Renew** 

I I WA	Iowa Regulatory Licensing (DIAL & HHS Public Health)			
♥ Services 童Agencies ⊕Social	My Licenses, Permits, & Programs: Tonya Webb - Tanning			
Tonya Webb Member: Tanning	Programs for Tanning			
▲ Home	License # Applicant Program Status Issue Date Expiry Date City Details Online Services Renew			
▲ Public Search	Tanning Facility         Expired         06/10/2022         05/19/2023         Ainsworth         Details         Online Services         Renew			
Ø My Profile	Rems per page: $5 - v = 1 - 1$ of $1 - \langle -  angle$			
Company Profile	If you are an Individual and wants to apply for a New Individual License, click on Apply for a Program on the above. Instructions to Apply for a Program			
Member Management	If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click continue. If you do not see the company name contact the Program office. If you want to apply as a Brand New Company or enter an Existing Company for the first click on New Company Registration.			
<ul> <li>My Licenses, Permits, &amp; Programs</li> </ul>	If you are an individual returning to the system: instructions to how to return system.  O Elick on Details to add a new piece of equipment or edit/view an already approved application.  O Elick on Definite Services to adelect services available for your License type.  O Elick on Reney (when displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a mendia application.  O Elick on Edit (if displayed) to complete a field application.  O Elick on Edit (if displayed) to complete a field application.			
Apply for License, Permit, or Program				
🔗 Sign Off				
🚱 Help				
	₽			
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The renewal application will appear on the next screen. Questions with a red asterisk \* or in pink/red are mandatory.

Complete all questions in highlighted areas Click Continue

I. WA	Application Form
♦ Services magencies ⊕Social	Tanning Facility - Facility
Tonya Webb Member:	Applicant: Tonya Webb Facility:
▲ Home	Application Form
▲ Public Search	Affirmation
My Profile	24 Hour/Electronic Tanning v
Company Profile	Tanning Facility Training
Member Management	Current Iowa Permit/Registration Number
<ul> <li>My Licenses, Permits, &amp; Programs</li> </ul>	
<ul> <li>Apply for License, Permit, or Program</li> </ul>	Attachments  1. To add an attachment, click 'Add New Attachment.' Please ensure your filename does not include any periods or symbols.
Sign Off	2. Fill in details of your attachment and choose a file to upload. 3. Click <b>'Upload Attachments</b> ' to upload your file.
Help	Attachment Description
	Nems per page: <u>5                                    </u>
	Add New Attachment Upload Attachments
	Cancel Continue

Review the following sections and make appropriate updates:

- Tanning Facility Contact List
- Tanning Managers
- Tanning Device Information

I. WA	Process Free Form Description - Tanning Facility Application Review
♦ Services	Tanning Facility Contact List
Tonya Webb Member:	Contact type * Salutation Contact First Name Contact Last Name Contact Phone Number Contact Email Address License Number Business Name Street Address City State Zip Code Contact
▲ Home	Pages cick Searcher entring seach nos.     Add Sare     Add Sare
Public Search	hema per page: 25 0 of 0  < < > >
Company Profile	Tanning Managers ^
Member Management	Manager Zuom Banager Exam Date * Manager Exam Date * Application Form Supplemental
My Licenses, Permits,     & Programs	Prace costs Sate alle en entre pacaches     Add     Save     Add     Save
Apply for License, Permit, or Program	teems per page: 25 0 of 0  < < > >
<ul> <li>Help</li> </ul>	Tanning Device Information
	Type *         Manufacture of device *         Manufacture Date (Year) *         Tanning Device Identifier                • Page did San alter energieschine.               • Page did San alter energieschine.
	Just chean al fields if you do not need a specific owe or new added one.
	Rems par page: 25 0 or 0 (< < > >)

Click "Continue" at the bottom of the page.

A pop up message will appear. Click **OK** to continue.

Read the terms and conditions. If you agree, click the box next to the "I agree with the terms and conditions." Then click **Continue**.

IØWA.	Iowa Regulatory Licensing (DIAL & HHS Public Health)
✿ Services 童Agencies ❷Social	Terms and Conditions
Conya Webb Member: TW Tanning     Home     Public Search	I am authorized to complete this application on behalf of the organization. As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes. In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application. I understand this information is a public record in accordance with lowa Code chapter 22 and that application information is public information, subject to the exceptions contained in lowa law.
My Profile	I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.
<ul> <li>Company Profile</li> <li>Member Management</li> </ul>	Continue
My Licenses, Permits, & Programs     Apply for License, Permit, or Program	
Sign Off	
• Неір	5
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Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

If you are not ready to make a payment, or need to attach additional documentation, click the (**Note**: your application is not considered submitted until payment is made.)

On the Payment page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information. Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment		Review Payment
My Payment		Please review the information below and select Confirm to process your payment. Select Back to return to the
State of Iowa TEST site		Payment Details
Amount Due	\$75.00	Description State of Jowa TEST site State of Jowa TEST site
Payment Information		Payment Amount \$75.00
Frequency	One Time	Payment Date 09/2//2017
Payment Amount	\$75.00	Payment Method
Payment Date	Pay Now	Daver Name TODU Test
		Cord Mumbra 10
Contact Information		Expiration Date Aun-2018
		Card Type Visa
First Name	IDPH	Confirmation Email email.email@mail.com
Last Name	Test	
Company	(Optional)	Billing Address
	(	Address 1 321 E 12th Street
Address 1	321 E 12th Street	City/Town Des Moines
Address 2	(Optional)	State/Province/Region IA
City/Town	Dec Mainer	Zip/Postal Code 50319
	Des Mollies	Country United States
State/Province/Region	IA	
Zip/Postal Code	50319	Contact Information
Country	us	First Name IDPH
		Last Name Test
Phone Number	8558244357	Address 1 321 E 12th Street
Email Address	emal.email@mail.com	City/Town Des Moines
	D D 11 11 19	State/Province/Region IA
	Become a Registered User	Zip/Postal Code 50319
Payment Method		Country United States
		Phone Number 8558244357
Payment Method	Select V	Email Address emal.email@mail.com
Continue Cancel		Confirm Back

## Confirmation

Please keep a record of your Confirmation Number, or <u>print this page</u> for your records. Confirmation Number IOWTST004926730

Payment Details

Write down your Confirmation **Number** or **print this page** for your records. Click **Continue** at the bottom of the screen to be taken to your receipt.