

# 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.

Iowa Regulatory Licensing (DIAL & HHS Public Health)

WELCOME TO THE ONLINE LICENSING SERVICES SITE FOR PROGRAMS WITHIN:  
DIAL BUREAU OF ENV. HEALTH AND CONTRACTOR (PMSB, LEAD, TATTOO, BACKFLOW, POOLS & TANNING)  
HHS BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES  
HHS BUREAU OF RADIOLOGICAL HEALTH

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 CONTRACTOR**  
Programs include Backflow, Lead, Plumbing & Mechanical, Swimming Pools & Spas, Tattoo & Tanning  
For the above program specific issues contact @ (515)281-3425:option 7=option 2=option 1=option 4

**HHS BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES**  
Programs include EMS Provider, EMS Service.  
For the above program specific issues contact @ (515)631-0100 or email to [IowaHHSBemts@hhs.iowa.gov](mailto:IowaHHSBemts@hhs.iowa.gov)

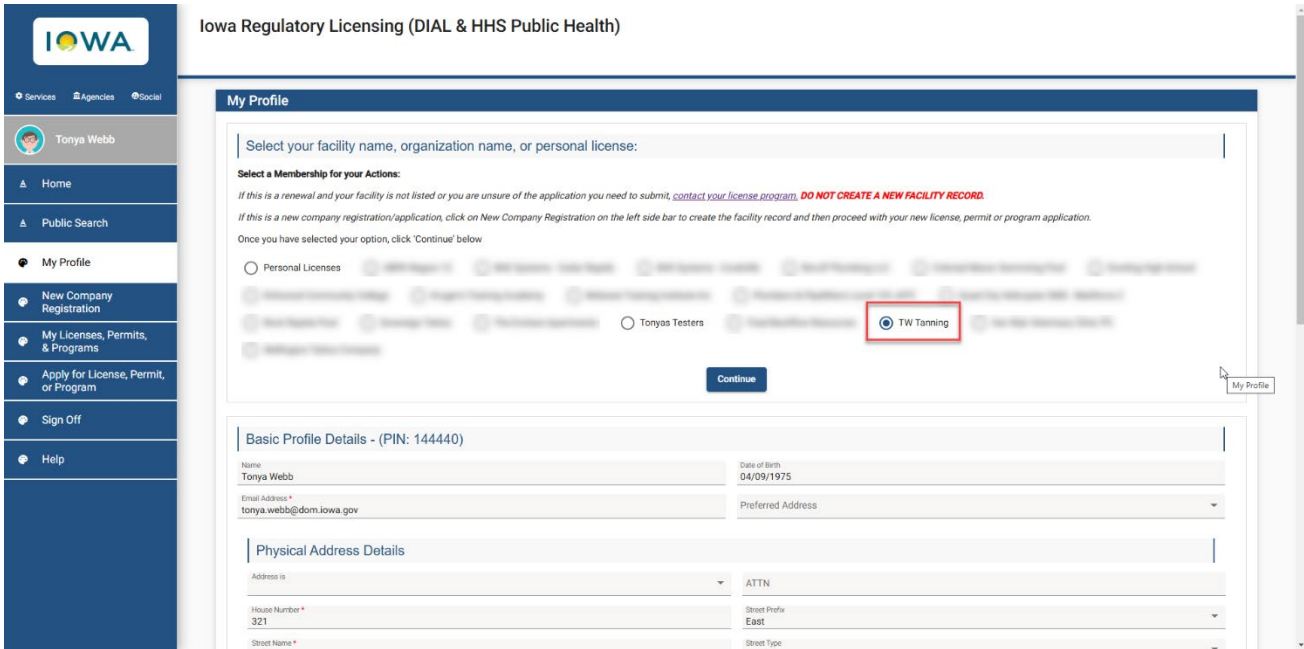
**HHS BUREAU OF RADIOLOGICAL HEALTH**  
Programs include Radiation Machines, Radioactive Materials, Permits to Practice, Radon, Mammography.  
For the above program specific issues contact @ (515)242-5566 or email to [radhealthinfo@hhs.iowa.gov](mailto:radhealthinfo@hhs.iowa.gov)

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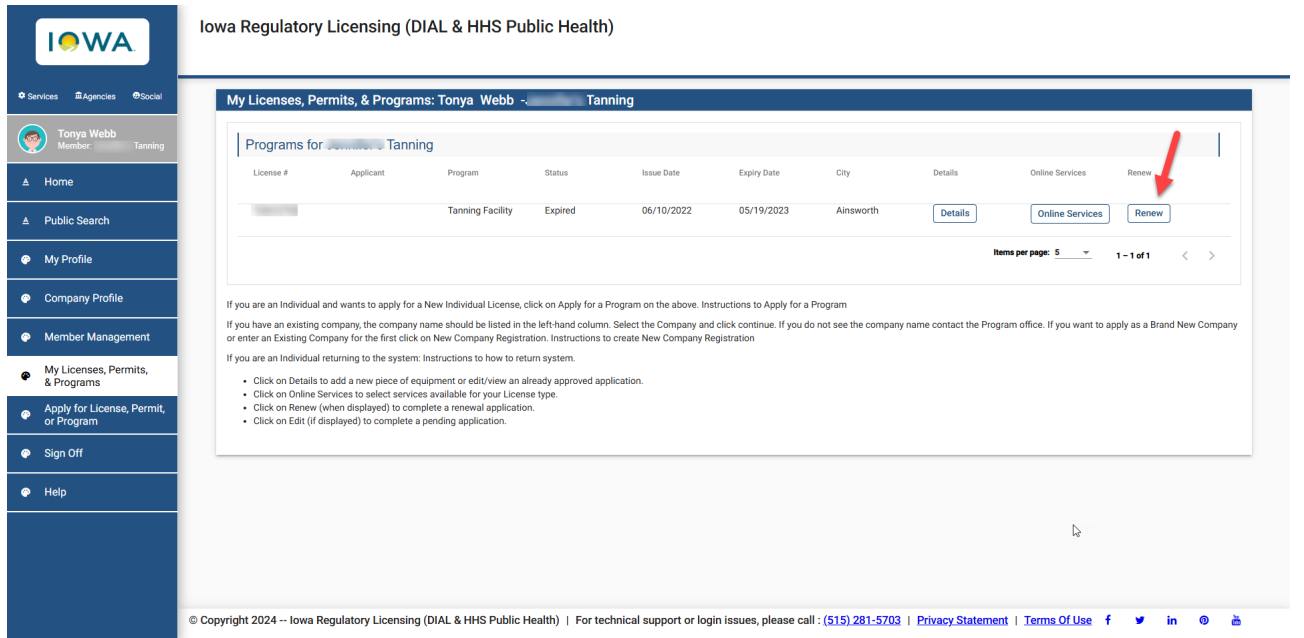
You will be on your personal profile page. You will see all companies that you are authorized to manage online.

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

If your existing company is not listed here, please contact [env.health@dia.iowa.gov](mailto:env.health@dia.iowa.gov).



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



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

Review the following sections and make appropriate updates:

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

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**.

Iowa Regulatory Licensing (DIAL & HHS Public Health)

**Terms and Conditions**

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 Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

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.

I agree with the terms and conditions.

[Continue](#)

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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

My Payment

State of Iowa TEST site  
Amount Due \$75.00

Payment Information

Frequency One Time  
Payment Amount \$75.00  
Payment Date Pay Now

Contact Information

First Name IDPH  
Last Name Test  
Company (Optional)  
Address 1 321 E 12th Street  
Address 2 (Optional)  
City/Town Des Moines  
State/Province/Region IA  
Zip/Postal Code 50319  
Country US  
Phone Number 8558244357  
Email Address email.email@mail.com  
[Become a Registered User](#)

Payment Method

Payment Method Select

[Continue](#) [Cancel](#)

### Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description State of Iowa TEST site  
State of Iowa TEST site  
Payment Amount \$75.00  
Payment Date 09/27/2017

Payment Method

Payer Name IDPH Test  
Card Number   
Expiration Date Aug-2018  
Card Type Visa  
Confirmation Email email.email@mail.com

Billing Address

Address 1 321 E 12th Street  
City/Town Des Moines  
State/Province/Region IA  
Zip/Postal Code 50319  
Country United States

Contact Information

First Name IDPH  
Last Name Test  
Address 1 321 E 12th Street  
City/Town Des Moines  
State/Province/Region IA  
Zip/Postal Code 50319  
Country United States  
Phone Number 8558244357  
Email Address email.email@mail.com

[Confirm](#) [Back](#)

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## Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) 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.