

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Tanning Facility Renewal Form

You may renew online at MyLicense.IN.gov. Create your login credentials using the Register a Business option. Your registration code was on the renewal notice emailed or mailed to each tanning facility. You may also complete and mail this form with the renewal fee of \$200.00 to the address in the top left corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after your license expires you must include a \$50 late fee if renewing less than three years after expiration; or a \$200 reinstatement fee if renewing more than three years after expiration. The late fee and reinstatement fee are in addition to your renewal fee.

LICENSEE INFORMATION: Provide a current phone number and email address

Enter Facility Name	Enter License Number	Enter Expiration Date	Renewal Fee
Enter Phone Number		Enter Email Address	

RENEWAL REQUIREMENTS

1. Sign and date application in ink in the area below. The signature may be the facility manager, facility owner or a representative of the manager or owner.
2. Renewal fee of \$200.00.
3. After your license has been renewed you may print a free license card or order one from our website at www.in.gov/pla/license.htm.

LICENSEE AFFIRMATION

With my signature below, I hereby swear or affirm under the penalties of perjury that the information provided here is true and correct to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
-----------------------	-------------------------

We encourage users renewing online to use Internet Explorer and a desktop or laptop computer.

Visit www.pla.in.gov for additional information regarding your license.
If you have any questions for the State Board of Cosmetology and Barber Examiners please email pla12@pla.in.gov
or call 317-234-3031.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
-------------	-------------	------