



HEALTH LICENSING OFFICE Board of Cosmetology

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	Certification #:	Staff Initials:

Cosmetology Late Renewal Form

Note: For renewal transactions, you must submit a copy of **one** form of photographic identification issued by a government agency. Acceptable identification options can be found under [Chapter 331, Division 30](#) of Oregon Administrative Rule.

Authorization Holder Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL (REQUIRED):	SOCIAL SECURITY # (REQUIRED):	

Employer Information

ARE YOU CONSIDERED: <input type="checkbox"/> AN EMPLOYEE <input type="checkbox"/> AN INDEPENDENT CONTRACTOR (IC) <input type="checkbox"/> NOT CURRENTLY EMPLOYED		
FACILITY NAME:	FACILITY PHONE:	
FACILITY LICENSE NUMBER:	IC LICENSE NUMBER (if applicable):	
FACILITY PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:

Payment Information (only complete this section if you are submitting payment by mail)

Please check one: Credit Card (see below) Check Money Order Purchase Order **DO NOT MAIL CASH**

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted). **Do not fax or email credit card information (send by way of postal mail).**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

(Do not write in the following section – Office use only)

OTC Verified ID Verified Out-of-state Licensure Type of ID: _____ Appr Code/CK # _____ Staff Initials _____

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.

Yes No If yes, attach an additional page(s) and provide an explanation.

2. **Have you ever been convicted of a misdemeanor or felony?** Yes No If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).

**Year
Convicted**

3. **As of today, are you on probation or parole?** Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**

Yes No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:



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Schedule for Renewal Fees and Late Fees – Use the fee schedule below to determine the fees needed to renew your Cosmetology Field of Practice certificate(s) based on the date of inactivity of each of the certificates. If a certificate has been inactive for more than three (3) years, it cannot be renewed, and you must reapply.		
If the post-mark date or receipt of this completed renewal notice is:	Fees are:	
Status # 1 – Within 45 days prior to the “active through” date on the certificate, and the “active through” date has not yet past, then the renewal will not be late, and you are only required to submit the renewal fee of: → NOTE: The HLO will not allow early renewal of a license where the post mark of the renewal exceeds 45 days prior to the “active through” date of the license.	\$ 65.00	
Status # 2 – At least 1 day, but not more than 1 year after the “active through” date on the certificate, then you must submit the renewal fee of \$65.00 and a late fee of \$50.00, for a total of: →	\$ 115.00	
Status # 3 – At least 1 year and 1 day, but not more than 2 years after the “active through” date on the certificate, then you must submit the renewal fee of \$65.00 and late fees of \$100.00, for a total of: → (OR) OPTION: If you are within 45 days prior to the two year “active through” date of the certificate, and wish to renew through the next renewal cycle, making the certificate valid for two years from the date of receipt of this renewal, then you must submit the renewal fee of \$65.00, late fees of \$100.00, and an additional renewal fee of \$65.00, for a total of: →	\$ 165.00 (or) \$ 230.00	
Status # 4 – At least 2 years and 1 day, but not more than 3 years after the “active through” date on the certificate, then you must submit renewal fees of \$130.00 and late fees of \$150.00, for a total of: →	\$ 280.00	
Required Fees to Submit:		
CERTIFICATE NUMBER: _____	EXPIRATION DATE: _____	
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 (without option) <input type="checkbox"/> #3 (with option) <input type="checkbox"/> #4 Enter the corresponding amount here: _____ →		\$ _____
CERTIFICATE NUMBER: _____	EXPIRATION DATE: _____	
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 (without option) <input type="checkbox"/> #3 (with option) <input type="checkbox"/> #4 Enter the corresponding amount here: _____ →		\$ _____
CERTIFICATE NUMBER: _____	EXPIRATION DATE: _____	
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 (without option) <input type="checkbox"/> #3 (with option) <input type="checkbox"/> #4 Enter the corresponding amount here: _____ →		\$ _____
CERTIFICATE NUMBER: _____	EXPIRATION DATE: _____	
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 (without option) <input type="checkbox"/> #3 (with option) <input type="checkbox"/> #4 Enter the corresponding amount here: _____ →		\$ _____
Add up the dollar amounts listed under “Required Fees to Submit” for the practitioner certificate(s) that you want to renew, and enter the total here: _____ → This is the total summary of fees required for renewal of your certificate(s).		\$ _____

Renewal Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
_____	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found under the “Required Fees to Submit” section.
_____	<p>Submit one form of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The ID must be issued by a government agency. • The ID must include the applicant’s current legal name. • The ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. <p style="background-color: yellow;">If you do not meet all of the ID requirements above, you run the risk of your renewal process being delayed.</p>
_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the four questions, this form will be returned to you and potentially cause a delay in the processing of the Authorization Application.
_____	If you <u>do not</u> have a social security number, have you signed and dated in section 5 on page two of this form? If you do have a social security number that you have provided on page one of this form, do not sign.
_____	Have you signed and dated section 6 on page two of this form? If you fail to sign and date this section, your form will be returned to you and will cause a delay in qualifying the temporary staffing agency for an authorization.
_____	For payment of renewal fees, see the “Payment Information” section on the first page. Make checks payable to “Health Licensing Office” or “HLO” and submit all pages of this form with your payment. You may submit by mail or in person at the address listed at the top of the form.
_____	<p style="background-color: yellow;"><u>IMPORTANT:</u> A FRONT AND BACK COPY OF PHOTO ID IS REQUIRED TO PROCESS YOUR RENEWAL.</p> <p>If you do not meet all of the ID requirements, you run the risk of your renewal process being delayed.</p>