

# Oregon Health Licensing Agency Board of Cosmetology



700 Summer St. NE, Suite 320  
Salem, OR 97301-1287  
Phone: (503) 378-8667  
Fax: (503) 370-9004  
Web Site: <http://www.oregon.gov/ohla/cos>  
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## INDEPENDENT CONTRACTOR APPLICATION

The Independent Contractor (IC) registration issued by the Oregon Health Licensing Agency, by itself, does not exempt you from Employment Department Law. To be excluded from unemployment coverage a worker must meet all the requirements of ORS 657.040. This registration alone does not prove the independent contractor (IC) meets, or will continue to meet, these requirements. This is a reminder to both the facility owners and the independent contractors. Both parties are responsible for complying with the requirements of ORS 657.040 and ORS 670.600. If you fail to do so, the facility owner may be liable for unemployment taxes on that worker as an employee. For further information, please contact the Employment Department Tax Office in your area or call (503) 947-1488.

### 1. Applicant Information

APPLICANT NAME	LAST	FIRST	MIDDLE INITIAL
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DBA (As filed with the Secretary of State(SOS), Corporation Division)	REGISTRY NUMBER (Provided by Oregon SOS Corp. Div.)
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RESIDENTIAL ADDRESS

CITY	STATE	ZIP
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MAILING ADDRESS

CITY	STATE	ZIP
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HOME TELEPHONE	BUSINESS TELEPHONE
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E-MAIL	BIRTHDATE / /	SOCIAL SECURITY NUMBER
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NAME of FACILITY (Where you work)	FACILITY LICENSE NUMBER
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FACILITIES PHYSICAL ADDRESS

CITY	STATE	ZIP
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Do you currently hold a valid Oregon Cosmetology Practitioner's Certification?  YES  NO

COS-HA-	COS-FT-	COS-NT-	COS-BA-
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### Do Not Fax Credit Card Information

Method of Payment: Cash Check Money Order Purchase Order

Payment by Credit Card: Visa Master Card Discover

NAME ON CARD	LAST	FIRST	MIDDLE INITIAL
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CREDIT CARD NUMBER □□□□ □□□□ □□□□ □□□□	EXPIRATION DATE:	AUTHORIZED AMT: \$
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CARD HOLDER SIGNATURE:

### DO NOT WRITE IN THIS SECTION – OFFICIAL USE ONLY

#COS-IC-\_\_\_\_\_ Method of Payment:  Visa  MasterCard  Discover  Cash  Check  M.O.  P.O.

INITIALS \_\_\_\_\_  OTC  Verified ID  APPROVAL CODE/CK#: \_\_\_\_\_

▶▶▶▶▶ Complete the reverse side of application ▶▶▶▶▶

## **APPLICATION CHECK LIST**

- Application fees and registration fees are included with this application.
  
- Application Fee = \$50.00
- Registration Fee= +\$75.00
- Total Fees = \$125.00
  
- Completed, signed, and dated application.

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency.

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_