

# Oregon Health Licensing Agency Board of Cosmetology



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## CERTIFICATE of IDENTIFICATION APPLICATION

Under **Oregon Administrative Rule (OAR) 817-035-0050**, a practitioner may be issued a "certificate of identification" allowing them to provide services away from a licensed facility, in a client's residence or place of business.

The **Certificate of Identification (CID)** Under OAR 817-035-0050 A Certificate of Identification holder must provide each client with the agency's name, address and telephone number, for comment on any of the services received or on any of the sanitary procedures followed while performing services. Certificate of Identification holder are subject to random audits to verify compliance with safety, infection control and licensing requirements.

### 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 (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY	STATE	ZIP
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HOME TELEPHONE	BUSINESS TELEPHONE	E-MAIL
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GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE / /	SOCIAL SECURITY NUMBER
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Do you currently hold a valid Oregon Cosmetology Practitioner's Certification?  YES  NO (If yes, list below)

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 – OFFICAL USE ONLY

INITIALS \_\_\_\_\_  OTC  VERIFIED ID QUALIFIED EXAM:  OREGON LAWS & RULES  RE-EXAM  APPROVAL CODE/CK# \_

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

## **APPLICATION CHECK LIST**

- Application Fee - \$25
- Oregon Laws and Rules exam fee - \$50 (see below)

Under 817-035-0050 applicants must pass the Oregon Laws and Rules Examination unless the applicant has passed the Oregon Laws & Rules examination within two years before the date of application for a certificate of identification. Upon renewal of the Certificate of Identification you are required to pay appropriate fees and pass the Oregon Laws and Rules Examination or complete the agency's Safety & Infection Control class.

- Certification Fee - \$100
- Two forms of acceptable original identification issued by a federal, state or local government agency of the United States. **One form of identification must be photographic:**

Acceptable identification includes, but is not limited to:

- United States passport
- Driver's license
- Social Security Card
- Original or Certified Copy of Birth certificate

For a full list of acceptable identification **click here** or contact the agency

- Registered as required by Secretary of State, Corporations Division pursuant to ORS 648.007, an "Assumed Business Name" (ABN) defined under ORS 648.005 prior to applying for a facility license, and submits with facility application a current copy of the ABN filing.;

<http://www.filinginoregon.com/business/index.htm>

NOTE: ABN is not required if business includes the real and true name of each owner. Refer to Secretary of States, Corporations Division under ORS 648.005 through 648.990.

- 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.

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. This information may be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications in accordance with OAR 331-030-0005.

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