

**Oregon Health Licensing Agency**



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 Salem, OR 97301-1287  
 (503) 378-8667  
 TTY: (503) 373-2114  
 Fax: (503) 370-9004  
 Web Site: <http://www.oregon.gov/OHLA>  
 E-Mail: [ohla.info@state.or.us](mailto:ohla.info@state.or.us)

*Application Fee	(1191)	\$100
License Fee	(1171)	\$250
Total Fees		\$350
*Application fee is non-refundable. Submit fees and application together.		
AMOUNT REC'D _____ INT _____		
CSH / V / MC / CK / MO: _____		
<input type="checkbox"/> OTC		
License #: _____		

**Advisory Council for Electrologists and Permanent Color Technicians and Tattoo Artists**

**FEE \$ 350 APPLICATION FOR PERMANENT COLOR/TATTOO MOBILE FACILITY LICENSE**

**COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. Call the Health Licensing Agency if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable.**

INDICATE TYPE OF FACILITY:     Sole Proprietorship     Partnership     Corporation

Name of Mobile Facility *(As filed with the Secretary of State, Corporation Division)*    License Plate Number of Mobile Facility Vehicle

Make of Mobile Facility Vehicle    Model Number of Mobile Facility Vehicle    Year of Mobile Facility Vehicle

Mobile Facility Mailing Address *(Please include suite, space or room # if applicable)*    City    State    Zip Code

Business phone #    Home Phone #

Owner *(Not the landlord)*    Do you practice at this facility?  Yes  No    Social Security #    Technician Certificate #

Co-owner *(If applicable)*    Do you practice at this facility?  Yes  No    Social Security #    Technician Certificate #

Registered agent *(if corporation)*    Do you practice at this facility?  Yes  No    Social Security #    Technician Certificate #

Are you closing a currently licensed mobile facility?     Yes     No

If yes, please list the mobile facility license number \_\_\_\_\_

**Facility owners shall observe and be subject to all Health Division and other city, county and state regulations pertaining to public health and safety. Compliance with building, fire, plumbing, and electrical regulations are required.**

I am requesting exemption from supplying the Health Licensing Agency with the spore test results because this facility exclusively uses single-use, prepackaged, sterile equipment, obtained from commercial suppliers or manufacturers.

**OR**

Attach copy of spore test results

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Health Licensing Agency, you are required to provide your Social Security Number to the 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 will be 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 Health Licensing Agency, your Social Security Number will remain on file with the Health Licensing Agency.

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. 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 Agency.

Owner or Registered Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_