



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 #: Cert / Reg #: Staff Initials:

Cosmetology Facility / IC / Freelance – Late Renewal Form

Note: For all renewal transactions, 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.

Authorization Holder Information

Form fields for Authorization Holder Information including Last Name, First Name, Middle Initial, Birthdate, Gender, Residential Physical Address, City, State, ZIP, Mailing Address, Business Phone, Personal Phone, Email, and Social Security #.

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?
2. Have you ever been convicted of a misdemeanor or felony?
3. As of today, are you on probation or parole?

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

Payment Information section including fields for credit card type, name on card, card number, expiration date, authorized amount, and cardholder signature.

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

Office use only fields: OTC, Verified ID, Verified Out-of-state Licensure, Type of ID, Appr Code/CK #, Staff Initials



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

Employer Information (please indicate authorization renewal type)

FACILITY (complete "Facility Information" section below)

FACILITY MAILING ADDRESS CHANGE (complete "Facility Information" section below, **if applicable**)
If you have had a **physical location change** to your facility, you cannot use this form. You must fill out a new "Cosmetology Facility License Application" found on the Health Licensing Office forms webpage.

INDEPENDENT CONTRACTOR – CURRENTLY EMPLOYED (complete "Facility Information" section below, **if applicable**)

INDEPENDENT CONTRACTOR – NOT CURRENTLY EMPLOYED (skip to "Name Change Information" section below, **if applicable**)

FREELANCE (skip to "Name Change" section below **if applicable**)

Facility Information (as filed with the Secretary of State, Corporation Division)

FACILITY NAME:

FACILITY LICENSE # (if applicable):	IC LICENSE # (if applicable):
-------------------------------------	-------------------------------

FACILITY PHYSICAL ADDRESS:

CITY:	STATE:	ZIP:
-------	--------	------

FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

CITY:	STATE:	ZIP:
-------	--------	------

FACILITY PHONE:	FACILITY EMAIL:
-----------------	-----------------

Name Change Information

NAME CHANGE OF AUTHORIZATION HOLDER - If your name has changed, you are required to submit approved documentation (a marriage certificate, a divorce decree, court judgment documents, etc.) AND a current government-issued photo ID. See [Chapter 331, Division 30](#).

NAME CHANGE OF BUSINESS - If the holder of a facility license, independent contractor registration, or freelance authorization is licensed as a business and not as an individual and changes the name or Assumed Business Name (ABN) of the business, the holder must provide, at the time of renewal or reactivation, a current registration by the Secretary of State, Corporations Division, and must provide a current copy of the ABN filing prior to renewal or reactivation.



**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

Schedule for Renewal Fees and Late Fees

Use the fee schedule below to determine the fees needed to renew your Authorization(s) to Practice based on the date of inactivity of each of the authorizations.

Facility License

FACILITY LICENSE NUMBER:

EXPIRATION DATE (MM/DD/YYYY):

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 license, 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: → **\$ 155.00**
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.

Status # 2 – At least 1 day, but not more than 1 year after the “active through” date on the license, then you must submit the renewal fee of \$155.00 and a late fee of \$50.00, for a total of: → **\$ 205.00**

Status # 3 – At least 1 year and 1 day, but not more than 2 years after the “active through” date on the license, then you must submit the renewal fee of \$310.00 and late fees of \$100.00, for a total of: → **\$ 410.00**
 (OR)

OPTION: If you are within 45 days prior to the two year “active through” date of the license, and wish to renew through the next renewal cycle, making the license valid for one year from the date of receipt of this renewal, then you must submit the renewal fee of \$310.00, late fees of \$100.00, and an additional renewal fee of \$155.00, for a total of: → **\$ 565.00**
 (or)

Status # 4 – At least 2 years and 1 day, but not more than 3 years after the “active through” date on the license, then you must submit renewal fees of \$465.00 and late fees of \$150.00, for a total of: → **\$ 615.00**
 (OR)

OPTION: If you are within 45 days prior to the three year “active through” date of the license, and wish to renew through the next renewal cycle, making the license valid for one year from the date of receipt of this renewal, then you must submit the renewal fee of \$465.00, late fees of \$150.00, and an additional renewal fee of \$155.00, for a total of: → **\$ 770.00**
 (or)

Required Fees to Submit:

Please indicate the renewal status of this license from the schedule above (choose one):

Status: #1 #2 #3 (without option) #3 (with option) #4 (without option) #4 (with option)

Enter the corresponding amount here: → **\$ _____**

Independent Contractor Registration

Independent contractor registrations are renewable; however, if not renewed, the registration becomes dormant, not inactive or expired.

IC REGISTRATION NUMBER:

EXPIRATION DATE (MM/DD/YYYY):

Required Fees to Submit:

To renew or reactivate a dormant independent contractor registration, the holder must pay the required renewal or reactivation fee indicated: → **\$ 140.00**



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

Freelance Authorization

- Freelance authorizations are renewable; however, if not renewed, the authorization becomes dormant, not inactive or expired.
- Examination required: A freelance authorization holder must pass the Oregon Laws and Rules examination every three years for renewal, and within three years from the date of reactivation of a dormant authorization.
- The Oregon Laws and Rules examination is given Monday through Friday from 9 a.m. to 2 p.m. If you pass the examination, you may be issued a freelance authorization on the same day.

FREELANCE AUTHORIZATION NUMBER:	EXPIRATION DATE (MM/DD/YYYY):
---------------------------------	-------------------------------

Required Fees to Submit:

To renew or reactivate a dormant freelance authorization, the holder must pay the required renewal or reactivation fee indicated: _____	\$ 140.00
---	------------------

Total Required Fees - Payment Summary

- For payment of renewal fees, see "Payment Information" section on page one of this form.
- Make checks payable to the "Health Licensing Office", or "HLO".
- Submit all pages of this form with payment, by mail or in-person, at the address listed at the top of this form.

Add up the dollar amounts listed under each "Required Fees to Submit" for the facility license and/or the independent contractor registration and/or the freelance authorization that you want to renew or reactivate, and enter the total here: _____	\$ _____
This is the total summary of fees required for renewal or reactivation of your authorization(s).	

Identification Requirements

Important Note:
If you do not meet all of the ID requirements below, your form and payment will be returned to you and will cause a delay in renewal or reactivation of your authorization(s).

For all renewal transactions, 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.

- ID requirements are as follows:**
- 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.

If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.