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

Print Form

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: ☐ FEMALE ☐ MALE ☐ NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (**REQUIRED**):		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
PHONE #:	EMAIL (**REQUIRED**):	

Employer Information

ARE YOU CONSIDERED:	☐ AN EMPLOYEE	☐ AN INDEPENDENT CONTRACTOR (IC)	☐ 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 (complete this section only if submitting payment by mail)

- Credit cardholder must be the applicant or be present at the time this form is submitted.
- Do not fax or email credit card information, please send in by way of postal mail.
- **DO NOT MAIL CASH**

Check one of the following payment options:	☐ Credit Card (see below)	☐ Money Order	☐ Purchase Order
Type of credit card (American Express card is not accepted):	☐ Visa	☐ Mastercard	☐ Discover

Note: The credit card holder must either be the certification holder or be present at the time this form is submitted.

Name on credit card:		
Card number:	Exp date:	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** _____

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Individual Records Questions – You are required to answer the following three 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.

Required Bloodborne Pathogens (BBP) Training – You are required to answer this question.

You must complete BBP training and maintain an active certification each year that you hold any active Cosmetology certification, such as hair design, barbering, esthetics, nail technology, or natural hair care.

Have you completed your required Bloodborne Pathogens training? ☐ **Yes** ☐ **No**

Oregon Health Authority
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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 Fied 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: ☐ #1 ☐ #2 ☐ #3 (**without** option) ☐ #3 (**with** option) ☐ #4 **Enter the corresponding amount here:** →	**$** _____
CERTIFICATE NUMBER:	EXPIRATION DATE:
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: ☐ #1 ☐ #2 ☐ #3 (**without** option) ☐ #3 (**with** option) ☐ #4 **Enter the corresponding amount here:** →	**$** _____
CERTIFICATE NUMBER:	EXPIRATION DATE:
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: ☐ #1 ☐ #2 ☐ #3 (**without** option) ☐ #3 (**with** option) ☐ #4 **Enter the corresponding amount here:** →	**$** _____
CERTIFICATE NUMBER:	EXPIRATION DATE:
Please indicate the renewal status of this certificate from the schedule above (choose one): Status: ☐ #1 ☐ #2 ☐ #3 (**without** option) ☐ #3 (**with** option) ☐ #4 **Enter the corresponding amount here:** →	**$** _____
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).**	**$** _____

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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 form, accompanied by payment of the required fees. Fee amounts can be found under the "Required Fees to Submit" section.
———	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 renewal process being delayed.
———	Have you answered questions 1 through 3 on page two of this form? If you fail to answer each of the three questions, this form will be returned to you and will cause a delay in processing.
———	Have you answered the question to the required Bloodborne Pathogens training on page two of this form? If you fail to answer this question, this form will be returned to you and will cause a delay in processing.
———	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.
———	**IMPORTANT: A FRONT AND BACK COPY OF PHOTO ID IS REQUIRED TO PROCESS YOUR RENEWAL.**