



**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 #:	Certification #:	Staff Initials:

Cosmetology Practitioner 30-Day Demonstration Permit Application

A demonstration permit is available to Cosmetology practitioners not currently licensed in Oregon but are currently licensed or certified to practice or teach a field of practice in another state and presents satisfactory evidence of that fact to the Health Licensing Office or is otherwise qualified as determined by the Board of Cosmetology.

- This permit is required for those who wish to practice, demonstrate, and teach a field of practice, or perform a field of practice, temporarily and primarily for educational purposes while in Oregon.
- A temporary demonstration permit is active for 30 days and is not renewable.

Applicant Information

Fields of practice you are qualified for: Barbering Hair Design Esthetics Nail Technology

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: _____

BUSINESS PHONE: _____ PERSONAL PHONE: _____

EMAIL **(REQUIRED)**: _____ SOCIAL SECURITY # **(REQUIRED)**: _____

Have you ever been known under any other legal name? No Yes If yes, list all previous full (legal) names below:

Previous legal name(s): _____

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below (add additional blank page if necessary):

State: _____ Lic./Cert./Reg. #: _____ Expiration: _____

State: _____ Lic./Cert./Reg. #: _____ Expiration: _____

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

Required Fees: (*The application fee is non-refundable)

***Application Fee = \$25** **Permit Fee = \$50** **Total of \$75**

Please check one: Credit Card (see below) Check Money Order Purchase Order **DO NOT MAIL CASH**

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted). **Do not fax or email credit card information (send by way of postal mail).**

Name on card: _____

Card number: _____ Exp: _____ 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 _____

Individual Records 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.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**

Yes No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit / Metis / First Nation
- Indigenous Mexican / Central American / South America

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino / Filipina
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/Latina/Latinx

- Central American
- Mexican
- South American
- Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander

- Chamoru/Chamorro
- Guamanian
- Marshallese / Micronesian / Palauan / Tongan
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other: _____
- Unknown
- Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- Yes, please list: _____
- I do not have just one primary racial or ethnic identity
- No, I identify as Bi-racial or Multi-racial
- Not applicable, I only checked one category above
- Unknown
- Decline to answer

Application 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 application, accompanied by payment of the required fees. *Application fee = \$25 ; and Permit fee = \$50 ; for a total of \$75 (see payment information on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	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: <ul style="list-style-type: none"> • 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.
_____	Hold a current authorization to practice or teach in a field of practice in another state and present satisfactory evidence of that fact to the Health Licensing Office (HLO) or is otherwise qualified as determined by the Board of Cosmetology. Applicant is required to obtain an Affidavit of Licensure issued from the originating state. Note: The HLO will not accept an Affidavit of Licensure unless the affidavit is received directly from the originating state. An applicant may request the HLO verify licensure from another state by paying a processing fee of \$50 , in addition to the application and permit fees.
_____	Complete the facilities/event information found on the next page of this application.
_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the four questions, this form will be returned to you and potentially cause a delay in the processing of the Authorization Application.
_____	If you <u>do not</u> have a social security number, have you signed and dated in section 5 on page two of this form? If you do have a social security number that you have provided on page one of this form, do not sign.
_____	Have you signed and dated section 6 on page two of this form? If you fail to sign and date this section, your form will be returned to you and will cause a delay in qualifying the temporary staffing agency for an authorization.



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30-Day Demonstration Permit Facility and Event Information

List all facilities/events where you will be providing services for the 30-day permit period.
(Attach additional pages if necessary)

Purpose for Applying for Permit (check all that apply)

Demonstration Educational / Training Trade Show

Temporary Facility and Event Information

FACILITY OR TEMPORARY FACILITY LICENSE NUMBER:

DATES SERVICES WILL BE PROVIDED: START DATE: END DATE:

FACILITY / EVENT NAME:

FACILITY EVENT PHYSICAL ADDRESS (REQUIRED):

CITY: STATE: ZIP:

FACILITY / EVENT CONTACT NAME:

FACILITY / EVENT BUSINESS PHONE: EMAIL:

Temporary Facility and Event Information

FACILITY OR TEMPORARY FACILITY LICENSE NUMBER:

DATES SERVICES WILL BE PROVIDED: START DATE: END DATE:

FACILITY / EVENT NAME:

FACILITY EVENT PHYSICAL ADDRESS (REQUIRED):

CITY: STATE: ZIP:

FACILITY / EVENT CONTACT NAME:

FACILITY / EVENT BUSINESS PHONE: EMAIL:

Describe the Purpose for Obtaining a Temporary Demonstration Permit

In your own words, describe the purpose for obtaining a temporary demonstration permit. Describe the demonstration, education and/or training you will be providing.

Large empty text area for describing the purpose of the permit.