



HEALTH LICENSING OFFICE
Board of Cosmetology

1430 Tandem Ave. NE, Suite 180, Salem OR 97301-2192
Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

COSMETOLOGY LATE RENEWAL FORM

(Barbering, Esthetics, Hair Design, Nail Technology, Natural Hair Care)

IMPORTANT: For all renewal transactions, you must provide one acceptable form of photographic identification. See Oregon Administrative Rule 331-030-0000(8) and (10). Legible (clear) photocopy of front and back if submitted by mail.

Section 1: Practitioner Information

NAME CHANGE: Print Name Currently Listed on Certificate(s) (List new name below)

NOTE: In addition to one form of acceptable photographic identification for name change on a practitioner license, you must also provide approved documentation filed in a court with appropriate jurisdiction, including the courts filing date and seal.

NAME: LAST FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER (Required)

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):

CITY: STATE: ZIP: DATE OF BIRTH:

MAILING ADDRESS (if different from physical address):

CITY: STATE: ZIP:

PHONE: HOME CELL BUSINESS TELEPHONE: EMAIL:

Section 2: Individual Records Questions: Please accurately answer all of the questions below. The Office 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.

Since your last license application or renewal have you been the subject of any disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? 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, please explain (attach additional pages if necessary):

Since your last license application or renewal have you been convicted of a misdemeanor or felony? Yes No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary). Year Convicted

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.

Section 3: (Complete This Section Only If Submitting Payment By Mail)

Please check one: Cash Check Money order Purchase order Credit card (see below)

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

Name on card:

Card number: Exp: Authorized amount: \$

Cardholder signature:

(Do not write in this section - Official use only)

OTC Verified ID Type: Approval Code/CK# Initials

Section 4: Employer Information:			
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> NOT CURRENTLY EMPLOYED			
FACILITY NAME:		FACILITY LICENSE # (if applicable):	
FACILITY ADDRESS:		IC LICENSE # (if applicable):	
CITY:		STATE:	ZIP:
FACILITY PHONE:		FACILITY EMAIL ADDRESS:	

Section 5: Schedule For Renewal Fees And Late Fees

Use the fee schedule below to determine fees needed to renew your Cosmetology Field of Practice certificate(s) based on the date of inactivity of each of your certificates. If a certificate has been inactive for more than 3 years it cannot be renewed and you must reapply.

If the post-mark date or receipt of this completed renewal notice, along with the correct fees, is:

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 certificate)	\$ <u>45.00</u>
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 \$45.00 and a late fee of \$30.00, for a total of: _____	\$ <u>75.00</u>
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 \$45.00 and late fees of \$60.00, 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 \$45.00, late fees of \$60.00, and an additional renewal fee of \$45.00, for a total of: _____	\$ <u>105.00</u> (or) \$ <u>150.00</u>
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 \$90.00 and late fees of \$90.00, for a total of: _____	\$ <u>180.00</u>

Section 6: Practitioner Certificate(s) to be Renewed

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CERTIFICATE NUMBER:	FIELD OF PRACTICE: <input type="checkbox"/> BA <input type="checkbox"/> FT <input type="checkbox"/> HA <input type="checkbox"/> NT <input type="checkbox"/> NHC	EXPIRATION DATE (MM/DD/YYYY):	
Please indicate the renewal status of this certificate from the schedule above in section (5) (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3(with option) <input type="checkbox"/> #3(without option) <input type="checkbox"/> #4. Enter the corresponding amount here:			\$ _____
CERTIFICATE NUMBER:	FIELD OF PRACTICE: <input type="checkbox"/> BA <input type="checkbox"/> FT <input type="checkbox"/> HA <input type="checkbox"/> NT <input type="checkbox"/> NHC	EXPIRATION DATE (MM/DD/YYYY):	
Please indicate the renewal status of this certificate from the schedule above in section (5) (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3(with option) <input type="checkbox"/> #3(without option) <input type="checkbox"/> #4. Enter the corresponding amount here:			\$ _____
CERTIFICATE NUMBER:	FIELD OF PRACTICE: <input type="checkbox"/> BA <input type="checkbox"/> FT <input type="checkbox"/> HA <input type="checkbox"/> NT <input type="checkbox"/> NHC	EXPIRATION DATE (MM/DD/YYYY):	
Please indicate the renewal status of this certificate from the schedule above in section (5) (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3(with option) <input type="checkbox"/> #3(without option) <input type="checkbox"/> #4. Enter the corresponding amount here:			\$ _____
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Add dollar amounts listed under “Fees Required” in the column to the right and enter the total here: _____ These are the total fees required for renewal of your practitioner field of practice certificates.			\$ _____

✓ For payment of renewal fees see section (3) above make checks payable to “Health Licensing Office” or “HLO” and submit all pages of this form with payment, 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 PAPERWORK.