



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Professionals

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

BODY ART MOBILE FACILITY LICENSE APPLICATION

The holder of a Mobile Facility license must be a natural person

1. Applicant Information

APPLICANT (RESPONSIBLE PARTY) NAME:		DATE OF BIRTH	SSN (REQUIRED)
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)			
CITY			STATE ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			
CITY			STATE ZIP
HOME TELEPHONE	CELL PHONE	EMAIL ADDRESS	
NAME OF MOBILE FACILITY			Business Telephone
ASSUMED BUSINESS NAME (AS FILED WITH SECRETARY OF STATE, CORPORATION DIVISION)		REGISTRY NUMBER (SECRETARY OF STATE, CORPORATION DIVISION)	
LICENSE PLATE NUMBER OF FACILITY VEHICLE	MAKE OF FACILITY VEHICLE	MODEL OF FACILITY VEHICLE	YEAR OF VEHICLE

Do you practice in this mobile facility? Yes No

Are you closing a previous facility? Yes No If yes, list your facility license number :FA-

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.

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

2. * (Complete This Section Only If Submitting Payment By Mail) *****

Method Of Payment For Application Fee = \$100; License Fee = \$150

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

Facility License #: BAP-MF- _____ Initials _____ OTC Verified ID Type: _____

Approval Code/CK# _____

3. 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.

● Are you now, or have you ever been, the subject of any active or inactive 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**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).</p>	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.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly 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.

Signature:	Date:
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Signature:	Date:
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4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action 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.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the Black racial groups of Africa.
- (H) **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

5. Initial Service Location

FACILITY'S INITIAL SERVICE LOCATION ADDRESS WHERE SERVICES WILL BE PROVIDED.

CITY	STATE	ZIP
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Please indicate below the specific time periods for each day the mobile facility will be open for business.

DATE	OPENING TIME	CLOSING TIME

6. Employees

● List the name(s) and Certificate number(s) of practitioners who are providing Body Art services in your mobile facility. Please provide a complete listing of practitioners by attaching additional pages if necessary. ***Practitioners must sign or the information will not be updated in the HLO’s database.***

Name	Practitioner Certification #	Signature

REQUIREMENTS FOR MOBILE FACILITY LICENSE APPLICATION

To be issued a mobile facility license the applicant must:

- Meet the requirements of OAR 331 division 30;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fee = **\$100** and license fee = **\$150** (*see method of payment section above*);
- Submit one form of acceptable **photographic** identification as outlined in OAR 331-030-0000(10), **which must include applicant's current legal name**: Front and back of legible (clear) photocopies if submitted by mail; *driver license, state ID card, passport or military ID card*;
- Submit proof of being at least 18 years of age and provide a copy of their birth certificate, or school/military/governmental record with age documented (*if not already provided on photographic identification required above*);
- Submit a map or directions to the facility if it is located in a rural or isolated area;
- Submit a list of licensees providing services in the facility;
- Submit a current registration as required by Secretary of State, Corporations Division pursuant to ORS 648.007; and
- Submit a current copy of the Assumed Business Name (ABN) filing if applicant is operating under an assumed business name prior to applying for a mobile facility license.

NOTE: ABN is not required if business includes the real and true name of each owner. Refer to Secretary of State, Corporations Division under ORS 648.005 through 648.990.

MOBILE FACILITY LICENSE

OAR 331-925-0020

- (1) Mobile facility license defined under ORS 690.350 means an authorization issued under ORS 690.365 to operate a facility outside of or away from a permanent physical location within an approved enclosed transportable vehicle, such as recreational vehicles or trailers, which has the ability to transport the business operation to multiple locations in the State of Oregon during specific approved periods of time.
- (2) A mobile facility is limited to no more than 15 consecutive calendar days at one physical location.
- (3) A mobile facility must adhere to all standards within OAR chapter 331, division 930.
- (4) The owner of a facility license must be a natural person.
- (5) A mobile facility license is not transferable from person to person, business to business or mobile unit to mobile unit. Requirements under OAR 331-925-0025 must be met.
- (6) A mobile facility license holder must comply with the following requirements:
 - (a) Submit written notification on a form prescribed by the HLO for each new physical location where services will be provided in a field of practice. The notification form must be received by the HLO at least 24 hours before services are performed at the new physical location and may be submitted by regular United States Postal Service or by electronic mail or in person at the office.
 - (b) Remain stationary while services in a field of practice are performed;
 - (c) Provide each client , verbally and in writing, with the mobile facility name, mobile facility license number, license number and name of the person providing service, permanent address on file with the HLO and telephone number;
and
 - (d) Must display the mobile facility name on file with the HLO on the outside of the mobile facility which is easily visible from the street.