HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners
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 #:	License #:	Staff Initials:

Tattoo License Application

Applicant 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:
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:

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

Fees can be found under the "Pathway Options" section and are based on which pathway you may qualify through.

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** **Type of ID:** _____ **Staff Initials** _____

Method of Payment: ☐ Visa ☐ MasterCard ☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO AMOUNT: _____ INITIALS: _____ ☐ APPROVAL CODE/CK#: _____	Method of Payment: ☐ Visa ☐ MasterCard ☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO AMOUNT: _____ INITIALS: _____ ☐ APPROVAL CODE/CK#: _____	Method of Payment: ☐ Visa ☐ MasterCard ☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO AMOUNT: _____ INITIALS: _____ ☐ APPROVAL CODE/CK#: _____

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:

HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners
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

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

HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners
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

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. Fee amounts can be found under the "Pathway Options" section and are based on which pathway you may qualify through. ➢ ***DO NOT SEND CASH THROUGH THE MAIL.*** ➢ ***THE APPLICATION FEE* IS NON-REFUNDABLE.***
———	Submit **two** forms 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 two forms of ID must be issued by a government agency. • Both the ID's must include the applicant's current legal name. • At least one form of 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 photocopies of your ID by mail, legible (clear) front and back copies must be submitted. Submit the copies 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.
———	Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
———	Submit proof of having a high school diploma or equivalent education. If you attended a school outside the U.S., you must have your education evaluated for equivalency. Please contact our office for assistance or clarification of this process.
———	Submit proof of current cardiopulmonary resuscitation (CPR) certification.
———	Submit proof of current basic first aid training.
———	Submit proof of current blood borne pathogen training.
———	Provide documentation of completing one of the following qualifying pathways (see qualifying pathway options on the following page).

HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners
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

Pathway Option One	
Pathway One: Graduate from an Oregon Licensed Tattoo Career School for Tattooing	
———	Meet and submit all the application requirements on page four of this application and the "Pathway One" requirements listed here.
———	Submit official transcript from an Oregon licensed tattooing career school showing proof of completion of required tattoo curriculum as determined by the HLO. An applicant is not required to provide this proof if the applicant was previously licensed as a tattoo artist in Oregon.
———	Submit a passing score of an HLO-approved written examination within two years of the date of this application.
———	Submit this completed application, accompanied by payment of the required fees. *Application fee = **$50**; Written Examination fee = **$50**; and License fee = **$50**; for a total of **$150** (see payment information on first page). ➢ ***DO NOT SEND CASH THROUGH THE MAIL.*** ➢ ***THE APPLICATION FEE* IS NON-REFUNDABLE.***

Pathway Option Two	
Pathway Two: Reciprocity	
———	Meet and submit all the application requirements on page four (4) of this application and the "Pathway Two" requirements listed here.
———	Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of holding a current license as a tattoo artist that is active with no current or pending disciplinary action. The licensing requirements must be substantially equivalent to Oregon licensing requirements pursuant to ORS 690.365, or if not substantially equivalent, the applicant must demonstrate to the satisfaction of the Office that the applicant has been working as a tattoo artist with the equivalent of three years of experience that was obtained within the last five years or five years out of the last 10 years. Documentation proving experience may include, but is not limited to, tax documents, employer letters, or business licensing.
———	Submit a passing score of an HLO-approved written examination within two years of the date of this application.
———	Submit this completed application, accompanied by payment of the required fees. *Application fee = **$150**; Written Examination fee = **$50**; and License fee = **$50**; for a total of **$250** (see payment information on first page). ➢ ***DO NOT SEND CASH THROUGH THE MAIL.*** ➢ ***THE APPLICATION FEE* IS NON-REFUNDABLE.***

HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners
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

Application Requirements (continued)

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

———	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 do not 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 for a license.
———	Have you completed the payment information section of this form and enclosed payment or provided credit card information?
———	Keep a copy of your application and supporting documents before submitting. You have two options to submit your application (submit your application only once): 1. Mail the application and enclose payment or provide credit card information, copies of your identification, and copies of your required supporting documents to the Health Licensing Office. The address is listed at the top of this application. 2. Bring the application, payment, two forms of your identification, and required supporting documents to the Health Licensing Office. The address is listed at the top of this application.