

CUSTOMER INFORMATION UPDATE:

- RENEWAL LATE FEE CHANGE OF EMPLOYMENT CHANGE OF NAME CHANGE OF HOME ADDRESS
 OTHER _____

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Facility | <input type="checkbox"/> Independent Contractor | |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Facial Technician | <input type="checkbox"/> Hair Designer | |
| <input type="checkbox"/> Electrologist: | <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Barber | |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Environmental Health Specialist | |
| | <input type="checkbox"/> Technician | <input type="checkbox"/> Respiratory Therapist | |
| | <input type="checkbox"/> Facility | <input type="checkbox"/> Denturist | |
| | <input type="checkbox"/> Practitioner | <input type="checkbox"/> Direct Entry Midwives | |
| | <input type="checkbox"/> Facility | <input type="checkbox"/> Tattoo / Permanent Color | <input type="checkbox"/> Technician |
| | | | <input type="checkbox"/> Facility |

License / Certificate / Registration #: _____ Expires: _____

Name: _____

Current Home Address: _____

Current Mailing Address : (if different) _____
City State Zip
City State Zip

Social Security Number: _____ Birth date: _____ Telephone #: _____

Current Employer Information: Please indicate if you are an: Employee Independent Contractor Not Currently Employed

Name of Facility: _____ Facility License #: _____

Address of Facility: _____ Telephone #: _____

City/ State/ Zip: _____ Independent Contractor Lic #: (if applicable): _____

Are you leaving previous employment? If yes, what was the name and facility number _____

Continuing Education – Self Attestation

I hereby certify that I have acquired _____ continuing education contact/credit hours required as a condition of license renewal and that adequate proof of attainment is available for audit or investigation by the Board.

Address Repositories

The Health Licensing Agency maintains two separate official repositories for address information. Notifying the office of a change of address will not automatically update both. Please indicate the appropriate list(s) to update.

- Licensing database file.** This records individual practitioner information, used to generate renewal notices.
 Administrative mailing list. This is to notify interested parties of rulemaking and public meetings of the boards/councils.

Duplicate Request

I am requesting a duplicate license/certificate or registration. The reason for the request is:

- I have not received my license/certificate or registration. I have lost my license/certificate or registration.
 My license/certificate or registration was lost, stolen or destroyed.

I understand by paying this \$_____ non-refundable duplicate fee, I will receive a duplicate license/certificate or registration. If my original license/certificate or registration is located after a new one is issued, I agree to destroy the duplicate or mail it back to the Health Licensing Agency in a timely manner.

Method of Payment - Credit cards cannot be accepted for the Board of Cosmetology - except over the counter

Check Visa Mastercard OTC
 Cash Money Order INT _____ _____ / _____
Credit Card Number (16 digits) Expiration Date \$ Amount Authorized

Write certificate / license number on check. Make checks payable to the Health Licensing Agency. Enclose exact amount. If postmarked after the expiration date, add the late fee.

Signature: _____ Date: _____

Please mail to: Oregon Health Licensing Agency, 700 Summer St. NE, Suite 320, Salem, Oregon 97301-1287.