

Oregon Health Licensing Agency



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 Salem, OR 97301-1287
 (503) 378-8667
 TTY: (503) 373-2114
 Fax: (503) 370-9004
 Web Site: <http://www.oregon.gov/OHLA>
 E-Mail: ohla.info@state.or.us

*Application Fee (1269)	\$10
Certificate Fee (1225)	\$25
Total Fees	\$35
*Application fee is non-refundable. Submit fees and application together.	
AMOUNT REC'D _____	INT _____
CSH / V / MC / CK / MO: _____	
o OTC	
License #: _____	

Body Piercing Licensing Program

FEE \$ 35 APPLICATION FOR BODY PIERCING TECHNICIAN REGISTRATION

Do you or have you ever held a body piercing technician registration before? No Yes

If yes, Registration # Issued: _____

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. Call the Health Licensing Agency if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable.

Name	First	Middle	Last
Date of Birth (month/day/year)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	**Social Security #
Residence Address			
City	State	Zip Code	
Mailing Address, if different from above.			
City	State	Zip Code	
Home Telephone	Message Phone		
()	()		
Place of Employment, Facility Name	Physical Address:		
Facility License Number:	Work Phone:	Start Date:	
	()		

DISCIPLINARY ACTION QUESTION

Yes No Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to probation; civil penalties; limiting, in any way, of a license, certificate, registration or permit.)

If you answered yes to the question above you must enclose a complete explanation of the circumstances and provide any additional documentation that will clarify the matter. *(Please provide this on a separate sheet of paper)*

**As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Health Licensing Agency, you are required to provide your Social Security Number to the Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security Number will be used for collection of child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the Health Licensing Agency, your Social Security Number will remain on file with the Health Licensing Agency.

BY SIGNING THIS APPLICATION YOU ARE AFFIRMING RECEIPT OF:

- The Oregon Administrative Rules, and
- Disclosure Statement

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Agency.

Signed: _____ Date: _____

**BODY PIERCING LICENSING PROGRAM
APPLICATION CHECKLIST**

APPLICATION

- Application, completed signed and dated.
- Have successfully completed four years of standard high school education or the equivalent. Acceptable documentation includes, but is not limited to: a high school diploma, a letter from any school verifying completion of high school equivalency; military records verifying completion of a high school equivalency; or GED passing scores;
- Current government issued photographic documentation confirming date of birth, such as a driver's license, passport or school/military/governmental records;
- Provide satisfactory evidence of successful completion of training in the courses listed below. Training includes attendance or participation at an instructional program presented, recognized, or under the auspices of any permanently organized institution, agency, or professional organization or association recognized by the agency.
 - Basic First Aid;
 - Blood borne pathogens; and
 - Aftercare procedures.
- Paying Appropriate Fees
 - Application Fee \$10
 - Certificate Fee \$25