

# Oregon Health Licensing Agency - Cosmetology



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## INDEPENDENT CONTRACTOR APPLICATION

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. Call the Oregon Health Licensing Agency (OHLA) if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications.

### 1. Applicant Information

APPLICANT NAME		LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS				
CITY		STATE		ZIP
BUSINESS TELEPHONE ( ) -		HOME TELEPHONE ( ) -		
E-MAIL	BIRTHDATE (MO/DAY/YR) / /		SOCIAL SECURITY NUMBER (REQUIRED) - -	
NAME of FACILITY (Where you work)		FACILITY TELEPHONE NUMBER		FACILITY LICENSE NUMBER
FACILITY ADDRESS				
CITY		STATE		ZIP

Please document your practitioner certification number(s) and expiration date(s) below.

CERTIFICATION #	EXPIRATION DATE

As part of your application for 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 is used for 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.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Do not write in this section – Official use only

New Independent Contractor#: **COS-IC-** \_\_\_\_\_

Transaction #: \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_ Initials \_\_\_\_\_ OTC  Verified ID

Method of Payment:    Cash   Discover   Visa   Master Card   Check   Money Order   Purchase Order

# Independent Contractor Registration Check List

**NOTE:** The independent contractor registration issued by the Oregon Health Licensing Agency, by itself, does not exempt you from Employment Department Law. To be excluded from unemployment coverage a worker must meet all the requirements of ORS 657.040. This license alone does not prove the independent contractor meets, or will continue to meet, these requirements.

This is a reminder to both the facility owners and the independent contractors. **Both parties** are responsible for complying with the requirements of ORS 657.040 and ORS 670.600. If you fail to do so, the facility owner may be liable for unemployment taxes on that worker as an employee. For further information, please contact the Employment Department Tax Office in your area or call (503) 947-1488.

● **Requirements below need to be met to successfully complete this application.**

- I currently hold a valid Oregon Cosmetology Practitioner's Certification in at least one of the following fields practice:
  - Barbering
  - Hair Design
  - Esthetics
  - Nail Technology
  
- Application Fees and Registration Fees are included with this application.
  - Application Fee = \$15.00
  - Registration Fee= +\$50.00
  - Total Fees = \$65.00
  
- Application is completed, signed, and dated.