

OREGON HEALTH LICENSING AGENCY



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

Environmental Health Registration Board

AFFIDAVIT OF REGISTRATION

To be completed by the issuing authority where currently registered and returned directly to the Oregon Environmental Health Registration Board. (Authority may use own form)

| | | |
|--|-------------|-----------|
| First Name | Middle Name | Last Name |
| Address (Current Street or PO Box Address) | | |
| City | State | Zip Code |
| Telephone # () | | |

| | |
|--|---------------|
| Education | |
| Graduation from school in the state of | on (date) |
| School Name | |
| Type of Degree | Date of Issue |

| | |
|---|------------------|
| Registration: You may submit verification on your state's letterhead, signed and affixed with your state's official seal | |
| State Registered In | First Registered |
| Registration Number | Expiration Date |

| | | | |
|------------------------------|----------------------------------|---|---|
| Examination Source | | | |
| <input type="checkbox"/> PES | <input type="checkbox"/> NEHA | <input type="checkbox"/> State Prepared | <input type="checkbox"/> Other Exam Service |
| Date of Examination | Score(s) Received | | |
| Type of Examination | <input type="checkbox"/> Written | <input type="checkbox"/> Practical | <input type="checkbox"/> Oral |

| | |
|--------------------------------------|-----------------------------|
| Qualified By | |
| <input type="checkbox"/> Reciprocity | Date _____ From State _____ |
| <input type="checkbox"/> Grandfather | Date _____ Based on _____ |
| <input type="checkbox"/> Exemption | Date _____ |

| | |
|--|--|
| Disciplinary Action | |
| Any pending or concluded disciplinary action against registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, summarize violation, findings, disciplinary action, and disposition of action, including dates on a separate sheet of paper. | |

This certifies that this applicant is currently registered by this State's registration board.

Signature of state official

Title: _____ Date: _____

State Seal