

Oregon Health Licensing Agency



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Advisory Council for Electrologists and Permanent Color Technicians and Tattoo Artists

MOBILE FACILITY SERVICE LOCATION FORM

Complete all parts of this form. Please type or print in black or blue ink. Call the Oregon Health Licensing Agency if you have any questions.

Mobile Facility License Number

Name of Mobile Facility *(As filed with the Secretary of State, Corporation Division)* License Plate Number of Mobile Facility Vehicle

Make of Mobile Facility Vehicle

Model Number of Mobile Facility Vehicle

Year of Mobile Facility Vehicle

Business phone #

Home Phone #

Physical address *(Physical location where services will be provided)*

RURAL ROUTE INFORMATION:

If this service location is on a rural route or in an isolated area submit with this form a map or directions indicating how to locate the service location.

SERVICE LOCATION IS NOT ON A RURAL ROUTE OR IN AN ISOLATED AREA.

SERVICE PROVIDERS:

List the names and license numbers of all permanent color technicians or tattoo artists who will be providing services at the service location. If more space is needed, attach another sheet.

NAME	LICENSE #

Continued on Reverse Side



MOBILE FACILITY SERVICE LOCATION FORM CONTINUED

Dates the mobile facility will be at this location: From: M / D / Y To: M / D / Y

Please indicate below the specific time periods for each day the mobile facility will be open for business and thereby subject to inspection.

Day 1:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 2:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 3:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 4:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 5:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 6:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 7:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 8:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 9:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 10:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 11:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 12:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 13:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 14:	M / D / Y	Time: from	(am or pm)	to	(am or pm)
Day 15:	M / D / Y	Time: from	(am or pm)	to	(am or pm)

PLEASE READ THE FOLLOWING

I have examined this form and attached documents, and certify that the information provided is true, correct and complete. I understand that knowingly making a false statement or being unavailable for inspection on the dates and times of business operations listed on this form will be cause for denial, suspension, or revocation of the mobile facility license.

Mobile Facility License Owner or Registered Agent's Signature: _____ Date _____

Mobile Facility License Co-Owner's Signature _____ Date _____