



Oregon Health Licensing Agency

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Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Table with fee schedule: Application Fee (1269) \$100, License Fee (1225) \$175, Written Exam Fee (1292) \$50, Skills Assessment Fee (1293) \$100. Includes application instructions and checkboxes for amount rec'd, CSH/V/MC/CK/MO, and OTC.

Advisory Council for Electrologists and Permanent Color Technicians and Tattoo Artists

FEE \$250 APPLICATION FOR PERMANENT COLOR TECHNICIAN / TATTOO ARTIST LICENSE

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

Form with fields for Name (First, Middle, Last), Date of Birth, Sex (Male/Female), Social Security #, Residence Address, City, State, Zip Code, Mailing Address, Home Telephone, and Business Telephone.

DISCIPLINARY ACTION QUESTION

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?

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.

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.

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.

Signature of Applicant

Date

PERMANENT COLOR AND TATTOO ARTIST APPLICATION CHECKLIST

- o APPLICATION: COMPLETED, SIGNED AND DATED.
- o FEES: APPLICATION FEE OF \$100.00, WRITTEN EXAM FEE OF \$50.00, SKILLS ASSESSMENT FEE OF \$100.00 TOTAL FOR ALL \$250.00
- o PROOF OF AGE: COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, OR PASSPORT.
- o EDUCATION PREREQUISITE: COPY OF HIGH SCHOOL DIPLOMA, GED CERTIFICATE, OR DEGREE FROM ACCREDITED INSTITUTION OF HIGHER EDUCATION.
- o PASSPORT QUALITY PHOTO
- o TRAINING/EDUCATION REQUIREMENT: OFFICIAL TRANSCRIPT FROM A LICENSED SCHOOL OF PERMANENT COLOR OR TATTOOING SHOWING COMPLETION OF A COURSE OF STUDY APPROVED BY THE AGENCY OR TRAINING DETERMINED BY THE AGENCY TO BE EQUIVALENT.
- o OUT OF STATE LICENSURE : PROFESSIONALS WORKING UNDER VALID LICENSES IN THEIR **CITY, STATE, OR COUNTY** MEET OR EXCEED OREGON STANDARDS SHOULD PROVIDE VERIFICATION CONSISTING OF AN ORIGINAL *AFFIDAVIT OR LICENSURE* FORM SIGNED AND AFFIXED WITH THE LICENSING AUTHORITY'S SEAL OR STAMP, AND MAILED DIRECTLY TO THE HEALTH LICENSING AGENCY.
- o EXPERIENCE EQUIVALENCY: TAX DOCUMENTS