

Referral Agent Registration Application

Date

Referral Agent Name/Individual Responsible for Application

Website Address

Referral Agent Business/Employer Name

Referral Agent Email Address

Cell Phone

Fax #

Address

City

State

ZIP Code

Full Mailing Address (if different)

Submit required documentation as identified on the "Referral Agent Registration Required Documents" Form with this application.

New Registration Fee \$325

Renewal Fee \$325

By signing this application, you agree and acknowledge to the following as per [OAR 419-300-0005 to 419-300-0110](#).

- You have read and are in compliance with the rules.
- Have completed the Oregon Mandatory Reporting of Child Abuse within the last 45 days, which is located at the following link: https://www.oregon.gov/dhs/abuse/pages/mandatory_report.aspx
- You agree to provide the department upon request any documents that are listed in the rules.

Applicant Signature

Click or tap to enter a date.

Date