

INSTRUCTION AND REQUIREMENTS FOR OBTAINING A TEMPORARY 30-DAY TATTOO LICENSE

A temporary tattoo license is a temporary license to perform tattoo services on a limited basis, not to exceed 30 consecutive calendar days. This license may be renewed up to two (2) times in a 12-month period from the date the Health Licensing Office receives the initial application. License renewal can be done consecutively with no lapse in active license dates.

Please read the information below carefully. If any of the application requirements listed below are not met or your application is incomplete, the Health Licensing Office (HLO) will not be able to issue you a temporary license and you will be unable to perform tattoo services within the State of Oregon.

To receive a Temporary Tattoo License, you must:

1. Submit this application, required fees, and a copy of your identification to the Health Licensing Office **with a receipt date of no less than 20 days before tattoo services are provided.**

Choose **one method** below to send in your application, do not duplicate by sending to both options:

- Email your application, credit card information, and a clear copy of your identification (see below) to hlo.applications@dhsosha.state.or.us

Or...

- Mail your application to the following address (please allow for mailing time so the HLO receives your application and copy of ID with a **receipt date of no less than 20 days** before tattoo services are provided:

Health Licensing Office
1430 Tandem Ave. NE, Suite 180
Salem, OR 97301-2192

2. Submit with the completed application, a Temporary License Application fee = **\$50** and Original Temporary License fee = **\$20**; for a **total of \$70**. If you are paying by cashier's check or money order you must mail in your application to the address above. **NO PERSONAL CHECKS OR CASH ACCEPTED. DO NOT MAIL CASH.**
3. Submit **one** form of acceptable **photographic** identification **which must include applicant's current legal name**. Front and back of legible (clear) photocopies are required. Acceptable photographic identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.
4. Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
5. Submit, on the completed application, a United States-issued Social Security number or another country's government-issued identification that is the equivalent to a United States issued Social Security identification. Failure to provide your Social Security number, or equivalent if issued by another country, will be a basis to refuse to issue the license.
6. Submit proof of current training in blood-borne pathogens.
7. Attest to six months of training or experience performing tattooing within the last two years, on this application (see *the attestation section on this application*).

*****Please Note*** All applications received after the required 20th day deadline will not be accepted by the HLO.**



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192

Phone: (503) 378-8667

Email: hlo.applications@dhsosha.state.or.us | Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	License #:	Staff Initials:

TEMPORARY TATTOO 30-DAY LICENSE APPLICATION

Applicant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED) :		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL (REQUIRED) :	SOCIAL SECURITY # (REQUIRED) :	

Have you ever been known under any other legal name? No Yes
 If yes, list all previous full (legal) names: _____

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below (add additional blank page if necessary):

State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:

Payment Information

Required Fees: (*The application fee is non-refundable)
***Application Fee = \$50; Temporary License Fee = \$20; Total of \$70**

Please check one: Credit Card (see below) Cashier's Check Money Order Purchase Order

DO NOT MAIL CASH

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted)

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

(Do not write in the following section – Official use only)

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cashier's Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK#: _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cashier's Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK#: _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cashier's Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK#: _____

Individual Records Questions

Please accurately answer all of the questions below. The Health Licensing Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.

Yes **No** If yes, please explain (**attach additional pages if necessary**):

● Have you ever been convicted of a misdemeanor or felony? **Yes** **No**
If yes, please list **all** convictions, including the charges as stated in the court documents and year convicted (**attach additional pages if necessary**).

	Year Convicted

● As of today, are you on probation or parole? **Yes** **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

ORS 181A.195, 181A.200, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide the optional information below, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit / Metis / First Nation
- Indigenous Mexican / Central American / South America

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino / Filipina
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/Latina/Latinx

- Central American
- Mexican
- South American
- Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander

- Chamoru/Chamorro
- Guamanian
- Marshallese / Micronesian / Palauan / Tongan
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other: _____
- Unknown
- Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- Yes, please list: _____
- I do not have just one primary racial or ethnic identity
- No, I identify as Bi-racial or Multi-racial
- Not applicable, I only checked one category above
- Unknown
- Decline to answer



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Attestation if Qualifying Through Training or Experience

By signing below, I attest that I qualify for temporary licensure by having at least six months of training or experience, within the last two years, performing tattooing. This training or experience may include attendance or participation at an instructional program presented, recognized, or under the sponsorship of any permanently organized institution, agency, or professional organization or association recognized by the Health Licensing Office.

Applicant Signature:

Date:

Facility Information

List all the facilities/events where you will be providing services for the current or renewed 30-day license period (attach additional pages if necessary). If renewing your license, the license will be mailed to the first facility listed below or brought to special events by the Health Licensing Office staff.

Facility/Event License Number:	Start Date of Services:	End Date of Services:
#:	Start Date:	End Date:
#:	Start Date:	End Date:
#:	Start Date:	End Date:
#:	Start Date:	End Date:

APPLICATION REQUIREMENTS

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
_____	Submit this completed application, with a received date of no less than 20 days before the tattooing services are provided , and be accompanied by payment of required fees: *Application fee = \$50 ; and License fee = \$20 ; for a total of \$70 (see payment section on first page). DO NOT SEND CASH THROUGH THE MAIL. *THE APPLICATION FEE IS NON-REFUNDABLE.
_____	Submit one form of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule. ID requirements are as follows: <ul style="list-style-type: none"> • The ID must be issued by a government agency. • The ID must include the applicant's current legal name. • The ID provided must be photographic. • We do not accept student ID cards, Costco cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.
_____	Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
_____	Submit proof of current training in bloodborne pathogens.
_____	Attest to having at least six months of experience within the last two years performing tattoo or body piercing services (see the attestation section on this application).

Oregon Administrative Rule [331-915-0020](#)
Temporary Tattoo License

(1) A temporary tattoo license pursuant to ORS 690.365 is a temporary license to perform tattooing services on a limited basis, not to exceed 30 consecutive calendar days. A temporary tattoo license holder;

(a) May renew the license up to two times in a 12-month period from the date the Office receives the initial application. License renewal can be done consecutively with no lapse in active license dates;

(b) Must submit all requests to renew a license on a form prescribed by the Agency Office. Request to renew a license must be received at least 20 days before tattooing services are provided unless otherwise approved by the Office;

(c) Must submit notification of a change in work location at least 24 hours before services are performed on a form prescribed by the Office; and

(d) Must work in a licensed facility.

(2) A temporary tattoo license holder must adhere to all standards under OAR 331-915-0065, 331-915-0070, 331-915-0075, 331-915-0080, 331-915-0085 and all applicable rules listed in OAR 331 division 925.