

Instructions 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 (HLO) receives the initial application. License renewal can be done consecutively with no lapse in active license dates.

Please read and complete the application thoroughly. If any of the application requirements are not met or your application is incomplete, the HLO will not be able to issue you a temporary 30-day 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 completed application, required fees and required supporting documentation to the Health Licensing Office **with a receipt date of no less than 20 days before tattoo services are provided.**
2. Submit required fees: 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 below. **NO PERSONAL CHECKS OR CASH ACCEPTED. DO NOT MAIL CASH.**
3. Submit a copy of **one** form of original **photographic (picture)** identification issued by a government agency. Acceptable identification options can be found under Oregon Administrative Rule, [Chapter 331, Division 30](#). Acceptable identification **must include the applicant's current legal name**. Front and back of legible (clear) photocopies are required. **Submit copy on a full-sized piece(s) of copy paper, do not cut the images out.**
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 proof of current training in blood borne pathogens.
6. Attest on this application to having six months of training or experience performing tattooing within the last two years by signing and dating the "Attestation of Training and Experience" section on this application.
7. **Choose one method below to submit your application, do not duplicate by submitting more than once:**
 - Email the application, provide credit card information, a clear copy of your identification, and proof of current certification in blood borne pathogens to: hlo.applications@odhsoha.oregon.gov.

If you choose the email option, the application, copies of your identification, and required supporting documents must all be converted into one or more pdfs and attached to the email. Do not place any documents in the body of the email when sending. Doing so may cause your email to be returned to you and require you to resend your email with attached pdf documents. This may cause an additional delay in processing your application. If you are unable to attach pdfs to an email, you may consider the other two options below for submission of your application.

Or...

- Mail the application and enclose payment or provide credit card information, a clear copy of your identification, and proof of current certification in blood borne pathogens to the address listed at the top of this form (please allow for mailing time so the HLO receives your application with a **receipt date of no less than 20 days** before tattoo services are provided).

Or...

- Bring the completed application, payment, identification, and proof of current certification in blood born pathogens to the Health Licensing Office. The address is listed at the top of this form.

*****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@odhsoha.oregon.gov
 Web: www.oregon.gov/oha/ph/hlo

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

Tattoo - Temporary 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all previous full (legal) names below: | | |
| Previous legal name(s): | | |
| Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below (add additional blank page if necessary): | | |
| State: | Lic./Cert./Reg. #: | Expiration: |

Payment Information (complete this section only if submitting payment by mail)

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) 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 – Office use only)

| | | |
|---|-------------------|----------------------|
| <input type="checkbox"/> OTC <input type="checkbox"/> Verified ID | Type of ID: _____ | Staff Initials _____ |
|---|-------------------|----------------------|

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

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) 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.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** 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, attach an additional page(s) and provide an explanation.

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

**Year
Convicted**

3. **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.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**

Yes No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or 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:



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 Phone: (503) 378-8667 | Email: hlo.applications@odhsoha.oregon.gov
 Web: www.oregon.gov/oha/ph/hlo

Attestation of Training and Experience

By my signature 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: |

Tattoo-Temporary 30-Day License
Oregon Administrative Rules

331-915-0020
Temporary Tattoo License – Limited Basis

(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.

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA 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