



## REQUIREMENTS AND INSTRUCTION FOR OBTAINING A TEMPORARY TATTOO LICENSE

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 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 and a clear copy of your identification (see below) to [hlo.applications@state.or.us](mailto:hlo.applications@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: HLO, 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 check or money order you must mail in your application to the address above. **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; **and**
  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 the application*).

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

Return All Pages Of This Application And Keep A Copy For Your Records



**HEALTH LICENSING OFFICE**  
**Board of Electrologists and Body Art Practitioners**

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192  
 Phone: 503-378-8667 | Fax: 503-370-9004  
[www.healthoregon.org/hlo](http://www.healthoregon.org/hlo) Email: [hlo.applications@state.or.us](mailto:hlo.applications@state.or.us)

**TEMPORARY TATTOO LICENSE APPLICATION**

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.

**1. Applicant Information**

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

**RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)**

CITY STATE ZIP

**MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)**

CITY STATE ZIP

PHONE:  HOME  CELL BUSINESS PHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER /OR EQUIVALENT IF ISSUED BY ANOTHER COUNTRY (REQUIRED):  
 Female  Male

Have you ever been known under any other name?  
 No  Yes – If yes, list full name(s):

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.

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

List all facilities / events where you will be providing services for the **initial** 30-day license period.

**Note:** License will be mailed to the first facility listed below or brought by HLO staff to special events.

FACILITY / EVENT LICENSE NUMBER	DATES SERVICES WILL BE PROVIDED START DATE → END DATE
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**2. Payment of Required Fees**

**Total of \$70 Due - Application Fee = \$50 and Temporary License Fee = \$20**

Please check one:  Cash  Check  Money order  Purchase order  Credit card (see below)

Type of Credit Card:  Visa  MasterCard  Discover

Name on card: \_\_\_\_\_

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

Cardholder signature: \_\_\_\_\_

(Do not write in this section – Official use only)

License #: \_\_\_\_\_ Initials \_\_\_\_\_ OTC  Verified ID  Type: \_\_\_\_\_

Approval Code/CK# \_\_\_\_\_

**3. Individual Records Questions: Please accurately answer all of the questions below. The 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 181.534, 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:**

**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 HLO.

**Applicant Signature:**

**Date:**

#### 4. Race / Ethnicity – Voluntary Question

The State of Oregon has an Affirmative Action policy. If you choose to provide your race/ethnicity 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 eligibility or qualifications.

##### **Ethnic Background** (check only one)

- American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.

#### **TEMPORARY TATTOO LICENSE**

**OAR 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 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.

## **APPLICATION REQUIREMENTS FOR TEMPORARY TATTOO LICENSE**

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**, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the **required fees: Application fee = \$50; and License fee = \$20 for a total of \$70 (see method of payment section above)**;
- Submit **one** form of acceptable **photographic** identification **which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. Acceptable photographic identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule;
- 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 blood-borne pathogens;
- Attest to six months of training or experience, within the last two years, performing tattooing; **and**
- Submit application to the HLO **with a receipt date of no less than 20 days before the tattoo services are provided**.

**NOTE:** The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.