



HEALTH LICENSING OFFICE
Board of Cosmetology

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Facility/IC/Freelance Late Renewal Form

IMPORTANT: For all renewal transactions, you must provide one acceptable form of photographic identification. See Oregon Administrative Rule 331-030-0000. Legible (clear) photocopy of front and back if submitted by mail.

Section 1: Authorization Holder Information

NAME: LAST FIRST MIDDLE INITIAL
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):
CITY: STATE: ZIP: DATE OF BIRTH:
MAILING ADDRESS (if different from physical address):
CITY: STATE: ZIP:
PHONE: HOME CELL BUSINESS TELEPHONE: EMAIL:

Section 2: Individual Records Questions; Please accurately answer 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.

Since your last Authorization to Practice application or renewal have you 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?
Since your last Authorization to Practice application or renewal have you been convicted of a misdemeanor or felony?
As of today, are you on probation or parole?

Section 3: ***(Complete This Section Only If Submitting Payment By Mail)***

Please check one: Cash Check Money order Purchase order Credit card (see below)
Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) Do Not Fax or Email Credit Card Information
Name on card:
Card number: Exp: Authorized amount: \$
Cardholder signature:

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

OTC Verified ID Type: Approval Code/CK# Initials

Section 4: Employer Information

PLEASE INDICATE AUTHORIZATION RENEWAL TYPE:

- FACILITY (Complete Facility Information below) FACILITY ADDRESS CHANGE
 INDEPENDENT CONTRACTOR CURRENTLY EMPLOYED (Complete Facility Information below)
 INDEPENDENT CONTRACTOR NOT CURRENTLY EMPLOYED (Skip to section 5)
 FREELANCE (Skip to section 5)

FACILITY NAME:		FACILITY LICENSE # (if applicable):	
FACILITY ADDRESS:		IC LICENSE # (if applicable):	
CITY:	STATE:	ZIP:	
FACILITY PHONE:	FACILITY EMAIL ADDRESS:		
PREFERRED MAILING ADDRESS:		STATE:	ZIP:

Section 5: Name Change Information

NAME CHANGE OF AUTHORIZATION HOLDER:

If your NAME has been changed, you are required to submit approved documentation – marriage certificate, divorce decree, court judgment documents, etc. (OAR 331-010-0040) **AND** current government-issued photo ID (OAR 331-030-0000).

NAME CHANGE OF BUSINESS:

If the holder of a Facility license, Independent Contractor registration, or Freelance authorization is licensed as a business and not as an individual and changes the name or Assumed Business Name (ABN) of the business, the holder must provide at the time renewal or reactivation a current registration as required by Secretary of State, Corporations Division pursuant to ORS 648.007; and must provide a current copy of the ABN filing prior to renewal or reactivation.

Section 6: Schedule for Renewal Fees and Late Fees

Use the fee schedule below to determine fees needed to renew your Authorization(s) to Practice based on the date of inactivity of each of the authorizations.

Facility License

If the post-mark date or receipt of this completed renewal notice, along with the correct fees, is:

<p>Status #1) Within 45 days prior to the “active through” date on the license, and the “active through” date has not yet past, then the renewal will not be late, and you are only required to submit the renewal fee of: _____ →</p> <p>(NOTE: The HLO will not allow early renewal of a license where the post mark of the renewal exceeds 45 days prior to the “active through” date of the license)</p>	<p>\$ 110.00</p>		
<p>Status #2) At least 1 day but not more than 1 year after the “active through” date on the certificate, then you must submit the renewal fee of \$110.00 and a late fee of \$30.00, for a total of: _____ →</p>	<p>\$ 140.00</p>		
<p>Status #3) At least 1 year and 1 day but not more than 2 years after the “active through” date on the license, then you must submit the renewal fee of \$220.00 and late fees of \$60.00, for a total of: _____ →</p> <p style="text-align: center;">(OR)</p> <p>OPTION: If you are within 45 days prior to the two year “active through” date of the license, and wish to renew through the next renewal cycle making the license valid for one year from the date of receipt of this renewal, then you must submit the renewal fee of \$220.00, late fees of \$60.00, and an additional renewal fee of \$110.00, for a total of: _____ →</p>	<p>\$ 280.00</p> <p style="text-align: center;">(or)</p> <p>\$ 390.00</p>		
<p>Status #4) At least 2 years and 1 day but not more than 3 years after the “active through” date on the license, then you must submit renewal fees of \$330.00 and late fees of \$90.00, for a total of: _____ →</p> <p style="text-align: center;">(OR)</p> <p>OPTION: If you are within 45 days prior to the three year “active through” date of the license, and wish to renew through the next renewal cycle making the license valid for one year from the date of receipt of this renewal, then you must submit the renewal fee of \$330.00, late fees of \$90.00, and an additional renewal fee of \$110.00, for a total of: _____ →</p>	<p>\$ 420.00</p> <p style="text-align: center;">(or)</p> <p>\$ 530.00</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">FACILITY LICENSE NUMBER:</td> <td style="width: 50%;">EXPIRATION DATE (MM/DD/YYYY):</td> </tr> </table>	FACILITY LICENSE NUMBER:	EXPIRATION DATE (MM/DD/YYYY):	<p>FEES REQUIRED</p>
FACILITY LICENSE NUMBER:	EXPIRATION DATE (MM/DD/YYYY):		
<p>Please indicate the renewal status of this license from the schedule above in section (6) (choose one): Status: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 (without option) <input type="checkbox"/> #3 (with option) <input type="checkbox"/> #4 (without option) <input type="checkbox"/> #4 (with option) Enter the corresponding amount here: _____ →</p>	<p>\$ _____</p>		

Independent Contractor Registration

Independent Contractor registrations are renewable, however if not renewed the registration becomes dormant not inactive or expired.

IC REGISTRATION NUMBER:	EXPIRATION DATE (MM/DD/YYYY):	FEE REQUIRED
To renew or reactivate a dormant independent contractor registration, the holder must pay the required renewal or reactivation fee indicated: _____ →		\$ 100.00

Freelance Authorization

- Freelance Authorizations are renewable, however if not renewed the authorization becomes dormant not inactive or expired.
- Examination Required: A Freelance Authorization holder must pass the Oregon laws and rules examination every three years for renewal, and within three years from the date of reactivation of a dormant authorization.
- The Oregon laws and rules examination is given Monday through Friday from 9:00 am to 2:00 pm. If you pass the examination, you may be issued a freelance authorization on the same day.

FREELANCE AUTHORIZATION NUMBER:	EXPIRATION DATE (MM/DD/YYYY):	FEE REQUIRED
To renew or reactivate a dormant freelance authorization, the holder must pay the required renewal or reactivation fee indicated: _____ →		\$ 100.00

- **FOR PAYMENT OF RENEWAL FEES SEE SECTION (3) ABOVE;**
- **MAKE CHECKS PAYABLE TO "HEALTH LICENSING OFFICE" OR HLO; AND**
- **SUBMIT ALL PAGES OF THIS FORM WITH PAYMENT, BY MAIL OR IN PERSON, AT THE ADDRESS LISTED AT THE TOP OF THE FORM.**

Add dollar amounts listed under " Fees Required " for the Facility License, and/or Independent Contractor Registration, and/or Freelance Authorization that you wish to renew or reactivate and enter the total here: _____ → These are the total fees required for renewal or reactivation of your authorizations.	\$ _____
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IMPORTANT – A FRONT AND BACK COPY OF PHOTO ID IS REQUIRED TO PROCESS YOUR PAPERWORK.