

# OREGON BOARD OF ACCOUNTANCY

As part of your application you are required to provide your Social Security Number to the Board of Accountancy. The authority for this request is ORS 25.785, ORS 305.385, 42 USC 405(c)(C)(I), and 42 USC 666(a)(13). Failure to provide your Social Security Number is grounds to refuse to issue a permit to practice public accountancy. This record of your Social Security Number will be used solely for purposes of child support enforcement and tax administration.

Print Name of Applicant \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

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## IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER:

Complete the following affidavit and sign it in the presence of a notary public.

### AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, having been duly sworn do hereby affirm that:

1. I wish to apply for or renew my CPA or PA permit with the Oregon Board of Accountancy;
2. I understand that I am required by law to provide the Board with the Social Security Number issued to me by the Social Security Administration;
3. I do not now have, nor have I ever had, a Social Security Number;
4. I do not have a Social Security Number because I am not required by the laws of the United States to have or obtain a Social Security Number for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I understand that if I obtain a Social Security Number after submitting this Affidavit to the Board that I am required to notify the Board in writing of my Social Security Number within 21 days of receiving the number.
6. I understand that any untrue statement or other falsification of this Affidavit is grounds for revoking my permit and certificate.

\_\_\_\_\_  
Signature of Applicant

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
County

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
State

My Commission Expires: \_\_\_\_\_