

# TAX CONSULTANT EXAMINATION APPLICATION

Initial Exam       Retake Exam

For Office Use Only

## OREGON BOARD OF TAX PRACTITIONERS

Questions? (503)378-4034  
Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797

**DO NOT EMAIL THIS FORM**

Website: www.oregon.gov/OBTP

FOR OFFICE USE ONLY

**Applicant #:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Xs Taken:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**1**

PLEASE PRINT OR TYPE

"LEGAL NAME" Last:		First:	Middle Initial:
Mailing Address:			
City:	State:	Zip Code:	County:
Social Security Number:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Cell Phone:	Home Phone:	Business Phone:	
Fax:	*E-Mail:		

\*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

**2**

**Please indicate the location where you want to take the exam: (Location selection is FINAL)**

A list of proctor site codes are located in the General Information Booklet, pg 43-47:  
[http://www.oregon.gov/OBTP/docs/pdfs/General\\_Information\\_Booklet\\_2015\\_print.pdf](http://www.oregon.gov/OBTP/docs/pdfs/General_Information_Booklet_2015_print.pdf)

- A)  Proctor Site at: City \_\_\_\_\_ Site Code: \_\_\_\_\_
- B)  Board office\* \_\_\_\_\_  
\* Exams at Board office- please list 1st, 2nd and 3rd choice of dates
- C)  Board administered exam: December 10, 2016 ( Application Deadline: November 10, 2016 )

**NOTE: Once your application is accepted, the Board will send you an approval letter that will explain how to schedule your appointment for examination. You cannot schedule your exam prior to receipt of your approval letter. Please see section #5 for additional information.**

\*I need an ADA Accommodation. Indicate type of disability: \_\_\_\_\_

**\*Must attach a completed "ADA Accommodation Request Form" located on the Web at:**  
[http://www.oregon.gov/OBTP/docs/Form/ada\\_fill.pdf](http://www.oregon.gov/OBTP/docs/Form/ada_fill.pdf)

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- a) Have you ever been licensed as a Tax Preparer in Oregon? YES License #: \_\_\_\_\_
- b) Have you ever applied for the Tax Consultant Exam in Oregon? YES Last Date: \_\_\_\_\_
- c) Have you ever been licensed as a Tax Consultant in Oregon? YES License #: \_\_\_\_\_
- d) Have you ever been licensed in another state? State: \_\_\_\_\_ YES Registration #: \_\_\_\_\_
- e) If not currently licensed as a tax preparer:  
(1) Are you a high school graduate? YES NO Year graduated: \_\_\_\_\_  
(2) Do you have a GED certificate? YES NO Year received: \_\_\_\_\_
- f) If you have attended a college or university, please indicate the number of years completed: \_\_\_\_\_

**NOTE:** If using education credit for courses completed towards the required 1100 hours of work experience, they will be calculated at the rate of five (5) hours work experience for every one (1) classroom hour. However, courses must be directly related to taxation, and you may only substitute up to 365 hours of the required 1100 hours of work experience (i.e., you may receive credit for up to 73 hours of classroom time – 73 X 5 = 365). In addition, education credit applied towards the required 1100 hours must be completed within one (1) year of making application to become a tax consultant and shall NOT be claimed to fulfill continuing education requirements once licensed. To receive education credit, you must attach a copy of your official transcript(s) and/or certificate(s) of course completion. OAR 800-020-0015(9).

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**EMPLOYMENT**

Have you been employed in the capacity of a tax preparer/consultant for at least two of the last five years?  YES  NO

Employed in  Oregon  Another State in the capacity of a:

Tax preparer under an Oregon licensed tax consultant;  Tax preparer under an Oregon licensed CPA, PA or attorney

Income tax auditor with:  Oregon Department of Revenue,  Internal Revenue Service; **OR**

Taxpayer service representative with:  Oregon Department of Revenue or  Internal Revenue Service

If you checked any of the above, submit an "Consultant Verification of Tax Preparation Experience" form with this application.

Tax preparer/consultant in another state State: \_\_\_\_\_ Registration # if in California: \_\_\_\_\_  
 Other (Please specify): \_\_\_\_\_

If you checked one of the above two (2), submit a "Petition to Claim Tax Consultant Experience from another State" form. All forms are located on the Web at: [http://www.oregon.gov/OBTP/Pages/forms\\_applications.aspx](http://www.oregon.gov/OBTP/Pages/forms_applications.aspx)

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**IMPORTANT INFORMATION (PLEASE READ)**

- a) The following **MUST** be submitted with this application (See OAR 800-020-0015): Employer verification form, Petition form, and/or Continuing Education (up to 365 hours) in lieu of work experience verifying 1100 hour requirement; A minimum of 15 continuing education (CE) hours in personal income taxation completed within one (1) year of making application for examination (this evidence must be attached to this application – even if you submitted evidence of CE completion with your license renewal); and exam fees (exam and proctoring).
- b) Once you qualify for examination, you will receive an "examination approval" notice by mail, which will provide you with information on how to schedule your examination date/time.
- c) You must present picture identification issued by a governmental agency to be admitted to the exam.
- d) Programmable calculators, cell phones and pagers will not be allowed at the examination.
- e) Any person who fails the examination may retake the exam upon making application and re-payment of the application fees for exam and proctoring fee if applicable.
- f) During peak examination season (Nov – Feb) it may take up to 30 days to process exam results. Exam results will **ONLY** be reported in writing. No examination results will be given out over the phone or in person.
- g) When you have passed the examination and are notified by the Board that you are eligible for licensing, you have sixty (60) days from your examination date to apply for your Tax Consultant License.

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**SIGNATURE**

Under penalty of perjury, I declare that I have examined this application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

**I acknowledge that, if I fail the examination, no review of my examination questions will be granted.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FEES**

Tax Consultant Exam Fee (\$85) \$ \_\_\_\_\_

Proctor Site Fee (if applicable) \$ \_\_\_\_\_

A list of proctor site fees are located in the General Information Booklet, pg 43-47:  
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**TOTAL FEES:** \$ \_\_\_\_\_

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Per OAR 800-020-0026 - Exam fees are **nonrefundable** unless the applicant does not qualify to take the examination **OR** there is a verifiable circumstance(s) beyond the control of the applicant (at the discretion of the Board).

However, the applicant **must** notify the Board office, **in writing**, prior to the scheduled examination date.

**NOTE:** A \$10 processing fee will be deducted from all exam refunds.

**Payments**

Send Payments - Payable to: OBTP  
3218 Pringle Rd SE, Ste 120, Salem OR 97302  
or FAX (503) 585-5797

NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

