

ENROLLED AGENT EXAMINATION APPLICATION

For Office Use Only

Initial Exam Retake Exam

OREGON BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797

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

DO NOT EMAIL THIS FORM

Website: www.oregon.gov/OBTP

FOR OFFICE USE ONLY

Applicant #: _____ **Type:** _____ **Xs Taken:** _____ **Location:** _____

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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 checked="" type="checkbox"/>		Female <input type="checkbox"/>
Cell Ph:			Home Ph:			Business Ph:		
Fax:				E-Mail:				

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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

- 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

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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: _____

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TREASURY CARD

NOTE: No other documents will not be accepted.

- Must submit a copy of your current Treasury Card.
- Submit a completed "Enrolled Agent Verification of Tax Preparation Experience" form.

forms are located at http://www.oregon.gov/OBTP/Pages/forms_applications.aspx

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IMPORTANT INFORMATION (PLEASE READ)

- a) Wait to schedule your exam at the proctor site until AFTER you receive your approval letter.
- b) You must present government-issued identification with your name and photograph (such as driver license or passport) to be admitted to the exam. No exceptions will be made. You will not be admitted to the exam without valid ID.
- c) Programmable calculators, cell phones, pagers and other electronics will not be allowed at the examination.
- d) Examinees who do not receive passing scores may apply to sit for the exam again.
- e) 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.
- f) Examinees who receive passing scores have 60 days in which to apply for a 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

\$ _____

Proctor Site Fee (if applicable)

\$ _____

A list of proctor site fees are located in the General Information Booklet, pg 43-47:
http://www.oregon.gov/OBTP/docs/pdfs/General_Information_Booklet_2015_print.pdf

\$ _____

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.

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A \$25 administrative processing fee will be assessed for any payment dishonored by the bank per OAR 800-020-0025(21).

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: ____ / ____

