

2012 TAX CONSULTANT REACTIVATION APPLICATION

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: (503) 378-4034 Fax: (503) 585-5797 E-Mail: tax.bd@state.or.us Web Site: www.oregon.gov/OBTP

1 PTIN # _____ I AM NOT REQUIRED TO OBTAIN A PTIN UNDER FEDERAL REGULATIONS. License # _____

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED PLEASE PRINT OR TYPE

"LEGAL NAME" Last:			First:	Middle:
Mailing Address:				
City:	State:	Zip Code:	County:	
Residence Phone:		Business Phone:		
Fax:	*E-Mail:			
Residence Address:				
City:	State:	Zip Code:	County:	

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information. My e-mail address may be released to tax schools and tax organizations

2 CONTINUING EDUCATION ~ SELF-ATTESTATION

This is my initial year of licensure.
*Please note: You do not need to self-attest receipt of or certify 30 CE credit hours if this is your **initial** year of licensure.*

I hereby certify that I have acquired 30 hours or more (shown below) of continuing education credit hours required as a condition of license renewal/reactivation and that proof of attainment is available for audit or investigation by the Board per OAR 800-015-0010.

TOTAL

Write your total number of continuing education credit hours completed in the box.
Do not send certificates with renewal.

3 EMPLOYMENT Please list your current/last employer if employed by a business other than your own.

Business Name	Designated Consultant/Supervisor	Designated Consultant License#
---------------	----------------------------------	--------------------------------

4 COMPLIANCE Has a license in any other occupation or professional capacity issued in your name in any state or by the federal government ever been refused, suspended, revoked, or restricted OR have you ever voluntarily relinquished a license?
Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

Have you ever been convicted of, OR are you now under indictment for any criminal offense(s) which an essential element is dishonesty, fraud or deception, per ORS 673.700(4)(b)?
Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

Have you ever been required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct?
Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

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

Signature _____ Date _____

6 FEES

LTC License Only – ACTIVE (\$95 for each year in lapsed status) \$ _____

Reactivation Fee (If reactivating a license from lapsed status) (\$35) \$ _____

TOTAL FEES: \$ _____

CHECK OR MONEY ORDER
Mail to:
STATE BOARD OF TAX PRACTITIONERS
UNIT 07 - PO BOX 4395
PORTLAND, OR 97208

CREDIT OR DEBIT CARD Fax to: (503) 585-5797
CREDIT / DEBIT CARD / VISA__ MC__ DC__

NUMBER: _____ EXPIRES: _____