

**ADDRESS / INFORMATION  
CHANGE APPLICATION****MAILING / PHYSICAL / BUSINESS CHANGES**

OREGON STATE BOARD OF TAX PRACTITIONERS

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

The Board will consider temporary address changes as the licensee's current address. Licensees are required to notify the Board within "15 Business Days" anytime there is a change of residence (mailing and/or physical) address and residence telephone number, business address and business telephone number. Licensees are required to supply the Board with a year-round telephone number and address where clients and the Board may contact the licensee. Refer to OAR 800-010-0041, OAR 800-025-0020(2) and OAR 800-025-0023.

**1****ADDRESS CHANGE****LICENSE #:** \_\_\_\_\_

PLEASE PRINT OR TYPE

*(REQUIRED)*

<b>"LEGAL NAME"</b> Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Address (If Different):			
City:	State:	Zip Code:	County:
Residence 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****BUSINESS ADDRESS CHANGE****BUSINESS REG #:** \_\_\_\_\_

PLEASE PRINT OR TYPE

*(REQUIRED)*

<b>"LEGAL NAME"</b> Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
Business Address (If Different):			
City:	State:	Zip Code:	County:
Business Phone:		Business Fax:	
*E-Mail:			
<input type="checkbox"/> CHECK HERE IF YOU HAVE A WEB ADVERTISEMENT THAT NEEDS TO BE UPDATED WITH THIS CHANGE.			

**3****SIGNATURE**

Under penalties 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_