

**MAILING/PHYSICAL/BUSINESS CHANGES**

OREGON STATE BOARD OF TAX PRACTITIONERS

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Website: [www.oregon.gov/OTPB](http://www.oregon.gov/OTPB)

The Board will consider temporary address changes as the licensee's current address. Licensees are required to notify the Board "**immediately**" 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: Address & Telephone.

<b>1</b>	<b><u>ADDRESS CHANGE</u></b>	<b>LICENSE #:</b> _____ <small>(Must Include)</small>
	"LEGAL NAME" Last First Middle	
	<b><u>MAILING ADDRESS:</u></b>	
	City: _____	State: _____ Zip Code: _____ County: _____
	<b><u>RESIDENCE ADDRESS (IF DIFFERENT):</u></b>	
	City: _____	State: _____ Zip Code: _____ County: _____
	Residence Phone No.: _____	Business Phone No.: _____
	Fax: _____	*E-Mail: _____

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

<b>2</b>	<b><u>BUSINESS ADDRESS CHANGE:</u></b>	<b>BUSINESS REG #:</b> _____ <small>(Must Include)</small>
	"LEGAL NAME" Last First Middle	
	<b><u>MAILING ADDRESS:</u></b>	
	City: _____	State: _____ Zip Code: _____ County: _____
	<b><u>BUSINESS ADDRESS (IF DIFFERENT):</u></b>	
	City: _____	State: _____ Zip Code: _____ County: _____
	Business Phone No.: _____	Fax Phone No.: _____
	Fax: _____	*E-Mail: _____

**Per OAR 800-025-0020(2) ~ Within ten days of a change of name or ownership, a tax preparation business must file a new business registration with the Board and pay a new registration fee.**

**Per OAR 800-025-0023 ~ Requires that a tax preparation business notify the Board within 10 days of termination of a tax preparation business, change of address or telephone number.**

<b>3</b>	<b><u>SIGNATURE:</u></b> Under penalties of perjury, I declare that I have examined this application, including any accompanying attachments (if any) and to the best of my knowledge and belief, it is true, correct, and complete.
	Signature of Licensee: _____ Date: _____