

**ADDRESS / INFORMATION
CHANGE APPLICATION**

MAILING / PHYSICAL / BUSINESS CHANGES

~PLEASE PRINT OR TYPE~

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: (503) 378-4034 Fax: (503) 378-2757 E-mail: tax.bd@state.or.us Web site: www.oregon.gov/OTPB

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 #: _____

(REQUIRED)

"LEGAL NAME" Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
<u>Residence Address (If Different):</u>			
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 #: _____

(REQUIRED)

"LEGAL NAME" Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
<u>Business Address (If Different):</u>			
City:	State:	Zip Code:	County:
Business Phone:		Business Fax:	
*E-mail:			

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 _____