FORM **P-RA**

2009
TAX PREPARER REACTIVATION APPLICATION

OREGON STATE BOARD OF TAX PRACTITIONERS

For Office Use Only

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

1

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED ☐ **LICENSE #:** _____

PLEASE PRINT OR TYPE

"LEGAL NAME" Last		First	Middle
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Phone No:		Business Phone No:	
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.**

2

CONTINUING EDUCATION --- SELF ATTESTATION:

I hereby certify that I have acquired ____ continuing education credit hours required as a condition of license renewal/reactivation and that adequate proof of attainment is available for audit or investigation by the Board. Hours reported must be earned on or after September 1 of the previous year. (That were not used for another renewal)

Please Note: *You do not need to attest receipt of or complete a continuing education (CE) report of CE hours if this is your **initial** year of licensure.*

☐ This is my initial year of licensure

CONTINUING EDUCATION REPORT

List CE Programs in chronological order - Please Print or Type

Must submit with your renewal/reactivation application- if more space is needed please attach a separate piece of paper.

Date(s) Attended	Type Code (See legend)	Hours Claimed	Title of Program	Sponsor Name

Type Code	CE Type Table - Description OAR 800-015-0020(2)	Type Code	CE Type Table - Description OAR 800-015-0020(2)
T	Taxation	**ETI**	Estate, tax **OR** investment planning
E	Practitioner ethics	**C**	Computer technology
AP	Accounting and payroll theory	**O**	Other – must demonstrate a direct relationship to income tax preparation

3

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

Business Name _____ Designated Consultant/Supervisor _____ Designated Consultant Lic # _____

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 _____

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FEES:

☐ LTP License Only – **Active** ($80 - For each year in lapsed status) $ _____

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

TOTAL FEES: **$** _____

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MAIL PAYMENT TO: STATE BOARD OF TAX PRACTITIONERS, UNIT 07, PO BOX 4395, PORTLAND, OR 97208

FAX PAYMENT TO: (503) 378-2757 (if paying by credit/debit card)

Credit/Debit Card Visa___ MC___ DC___ Number _____ Expires _____