

# BRANCH REGISTRATION APPLICATION

Do NOT email this form

For Office Use Only

Questions?  
 (503)378-4034  
 Email: tax.bd@oregon.gov

## OREGON BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797  
 Website: www.oregon.gov/OBTP

**1**      **NEW** \_\_\_\_\_      **\*RENEW B-** \_\_\_\_\_       **\*AMENDED B-** \_\_\_\_\_

For a new Branch Registration you **must** include the tax business registration number; for renew or amend, please provide the original branch registration number.

**EXACT BUSINESS NAME REGISTERED WITH THE BOARD OF TAX PRACTITIONERS**      **MAIN BUSINESS LICENSE NUMBER**

**BRANCH OFFICE** \_\_\_\_\_  
 (Branch name must be the same as the main business registered with the Board of Tax Practitioners.)

Branch Phone \_\_\_\_\_      Branch Fax \_\_\_\_\_      Branch E-Mail (REQUIRED) \_\_\_\_\_

**2**      **MAILING ADDRESS**

Street \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_      County \_\_\_\_\_

**PHYSICAL ADDRESS OF BRANCH OFFICE**

Street \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_      County \_\_\_\_\_

**PHYSICAL LOCATION OF MAIN BUSINESS**

Street \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_      County \_\_\_\_\_

**3**      **\*RESIDENT CONSULTANT NAME** \_\_\_\_\_      OBTP#: \_\_\_\_\_

Signature of Resident Consultant \_\_\_\_\_      Date \_\_\_\_\_

**DESIGNATED CONSULTANT NAME** \_\_\_\_\_      OBTP #: \_\_\_\_\_

Signature of Designated Consultant \_\_\_\_\_      Date \_\_\_\_\_

**OWNER/REPRESENTATIVE NAME** \_\_\_\_\_      OBTP #: \_\_\_\_\_

Signature of Owner/Representative \_\_\_\_\_      Date \_\_\_\_\_

**\*IMPORTANT NOTE:** OAR 800-025-0060 requires that each Branch Office of a tax business be staffed by a Resident and Designated Consultant. A Resident Consultant must be present in the office at least 50% of the time that the office is open to the public for tax preparation. For more information, refer to OAR 800-025-0060 located on our website at: oregon.gov/OBTP

**4**      **FEES**      **BRANCH REGISTRATION FEE \*(\$20) \$** \_\_\_\_\_

**TOTAL FEES \$** \_\_\_\_\_

**CHECK OR MONEY ORDER**

Mail to:

**STATE BOARD OF TAX PRACTITIONERS**  
 3218 Pringle Rd SE, Ste 120  
 Salem, OR 97302

**CREDIT CARD PAYMENT**

3218 Pringle Rd SE, Ste 120, Salem, OR 97302  
 or FAX (503) 585-5797

Exp: \_\_\_\_ / \_\_\_\_

NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

