FORM **C-RA**

2016 TAX CONSULTANT REACTIVATION 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

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PTIN# P- ☐☐☐☐☐☐☐☐

OBTP *License #* _____

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED ☐

PLEASE PRINT OR TYPE

"LEGAL NAME" Last:	First:		Middle Initial:
Mailing Address:			
City:	State:	Zip Code:	County:
Cell Ph:	Home Ph:		Business Ph:
Fax:	E-Mail:		
Home Address:			
City:	State:	Zip Code:	County:

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CONTINUING EDUCATION AFFIDAVIT

☐ I hereby certify that I have acquired ☐ hours (minimum 30*) of continuing education

TOTAL HOURS: Write your total number of CE hours completed.

* including the two (2) hours of Ethics per OAR 800-015-0010(2). Proof of completion available per OAR 800-015-0010.

☐ This is my first year of license renewal; no CE hours are due.

☐ I am renewing inactive, I have listed my CE hours* completed above.
Inactive license is not required to submit CE hours *per OAR 800-020-0030(6), OAR 800-020-0035*

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

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

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COMPLIANCE ***Since your last renewal date...***

~MUST ANSWER - RENEWAL WILL BE REJECTED IF LEFT BLANK~
If yes, attach an explanation and provide date(s), location, and summary.

Yes	No	
☐	☐	Has a license in any other occupation or professional capacity issued in your name by any governmental entity ever been refused, suspended, revoked, or restricted OR have you ever voluntarily relinquished a professional license?
☐	☐	Are you aware of any current, proposed, pending or threatened professional complaints or civil or criminal action, essential element, of which is dishonesty, fraud or deception, per ORS 673.700(4)(b)?
☐	☐	Have you ever been required to appear before or been sanctioned by any professional body or governmental entity for alleged misconduct?

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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

☐ **LTC License Only – ACTIVE** Each year in lapsed status 2014 and forward $95 x ___ $ _____

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

TOTAL FEES _____

CHECK MONEY ORDER

Mail – make check payable to OBTP:
STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Rd SE, Ste 120
Salem OR 97302

Updated 02-23-2016

CREDIT CARD PAYMENT

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

Exp: ____ / ____

NUMBER _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code: _____

VISA MasterCard DISCOVER