

# DC/RC WAIVER

## DESIGNATED/RESIDENT CONSULTANT WAIVER REQUEST APPLICATION

REQUEST FOR: \_\_\_\_\_  
 # YEARS LICENSED: \_\_\_\_\_  
 APPROVE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: (503) 378-4034 Fax: (503) 585-5797 E-Mail: [tax.bd@state.or.us](mailto:tax.bd@state.or.us) Web Site: [www.oregon.gov/OBTP](http://www.oregon.gov/OBTP)

OAR 800-025-0040 (6) & (7) Designated Consultants; allows for a temporary waiver of designated consultant (DC) requirements upon approval by the Board. Please refer to this Oregon Administrative Rule for detailed information regarding a request for a DC waiver.  
 OAR 800-025-0060(2)-(6) Consultant in Residence; allows for a waiver of resident consultant (RC) requirements upon approval by the Board. Please refer to this Oregon Administrative Rule for detailed information regarding a request for a RC waiver.

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**Consultant License #** \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY

"LEGAL NAME" Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Phone:		Business Phone:	
Fax:	*E-Mail:		

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### DOCUMENTATION OF NEED FOR WAIVER

I am requesting a waiver for:  DESIGNATED CONSULTANT  RESIDENT CONSULTANT  BOTH

**Business License Numbers** \_\_\_\_\_ **and** \_\_\_\_\_

Have you requested a Designated/Resident Consultant waiver before?  Yes  No

If so, for which time period? \_\_\_\_\_

Name and address of business you are currently serving as Designated/Resident Consultant for:

Business Name	Business Address	City	State	Zip Code
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Name and address of the additional business you are requesting a the Waiver for:

Business Name	Business Address	City	State	Zip Code
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Please provide a detailed plan on how each business will be supervised and an explanation as to the unusual/extenuating circumstances for the request for waiver: (attach additional pages if needed)

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What is your financial relationship to the tax preparation business you are requesting the waiver for?

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