

# UNLICENSED OWNER APPLICATION

**OREGON BOARD OF TAX PRACTITIONERS**

\_\_\_\_\_  
APPROVE:

\_\_\_\_\_  
DATE:  
For Office Use Only

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

3218 Pringle Rd SE, Ste 120, Salem OR 97302  
**DO NOT EMAIL THIS FORM**

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

If You are an **UNLICENSED OWNER** of a Tax Business, **Complete this form.**

The **UNLICENSED OWNER** form must be submitted with your **BUSINESS REGISTRATION APPLICATION**

**1**

**TO BE COMPLETED BY THE APPLICANT**

**PLEASE PRINT OR TYPE**

NAME Last:	First:	Middle:
Mailing Address:		
City:	State:	Zip Code: County:
Social Security #:	Date of Birth:	Male Female
Cell Phone:	Home Phone:	Business Phone:
Fax:	* <b>E-Mail:</b>	

\* Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

You are required to provide your Social Security Number to the State Board of Tax Practitioners per ORS 25.785, ORS 305.385, 42 USC 405(c)(C)(I), and 42 USC 666(a)(13).

Failure to provide your Social Security Number is grounds to refuse to issue a business registration or a license to prepare personal income taxes.

This record of your Social Security Number will be used solely for the purposes of child support enforcement and tax administration.

**2**

**SIGNATURE**

Under penalties of perjury, I declare that I have reviewed this application, including any accompanying attachments, and to the best of my knowledge and belief, the information is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date