

**TAX CONSULTANT
EXAMINATION APPLICATION**For Office Use Only
DATE RECEIVED:☐ Initial Exam☐ Retake Exam

Do NOT email this form with credit card info-we will call you to take that over the phone

Questions?(971) 701-1544
Email: tax.bd@tax.oregon.gov**OREGON BOARD OF TAX PRACTITIONERS**200 Hawthorne Ave., Suite D450
Salem, OR 97301

Fax (503)585-5797

Website: www.oregon.gov/OBTP

PLEASE PRINT OR TYPE *All fields must be completed cf'nci f'Udd'jWUjcb'k j''bchVY'dfcWggYX*

1

"LEGAL NAME" Last:		First:	Middle Initial:
Social Security Number:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mailing Address:			
City:	State:	Zip Code:	
Cell Phone:	Home Phone:	Business Phone:	
Fax:	*E-Mail:		

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

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The Oregon Board of Tax Practitioners (OBTP) has contracted with PSI Services LLC (PSI) to administer the examination. PSI provides examinations through a network of computer examination centers throughout the US.

You can find a full list of PSI locations on our website under the Examinations Tab.

For additional information refer to the PSI website: <https://test-takers.psiexams.com/>

NOTE: Once your application is processed, the Board will e-mail you an approval letter that will explain how to schedule your appointment for examination. You cannot schedule your exam prior to receipt of your approval letter. Please see section #5 for additional information.

3☐ *I request an ADA Accommodation. Indicate type of disability: _____

*Must attach a completed "ADA Accommodation Request Form"

*located on the Web at: <https://www.oregon.gov/obtp/Pages/Forms.aspx>**4**

- a) Have you ever been licensed as a Tax Preparer in Oregon? ☐ Yes ☐ No License #: _____
- b) Have you ever applied for the Tax Consultant Exam in Oregon? ☐ Yes ☐ No Last Date: _____
- c) Have you ever been licensed as a Tax Consultant in Oregon? ☐ Yes ☐ No License #: _____
- d) Have you ever been licensed in another state? State: _____ ☐ Yes ☐ No Registration #: _____
- e) If not currently licensed as a tax preparer:

(1) Are you a high school graduate? YES NO Year graduated: _____

(2) Do you have a GED certificate? YES NO Year received: _____

f) If you have attended a college or university, please indicate the number of years completed: _____

NOTE: If using education credit for courses completed towards the required 1100 hours of work experience, they will be calculated at the rate of five (5) hours work experience for every one (1) classroom hour. However, courses must be directly related to taxation, and you may only substitute up to 365 hours of the required 1100 hours of work experience (i.e., you may receive credit for up to 73 hours of classroom time (73 X 5 = 365). In addition, education credit applied towards the required 1100 hours must be completed within one (1) year of making application to become a tax consultant and shall NOT be claimed to fulfill continuing education requirements once licensed. To receive education credit, you must attach a copy of your official transcript(s) and/or certificate(s) of course completion. OAR 800-020-0015(9).

5 IMPORTANT INFORMATION (PLEASE READ)

- a) A Verification of Work Experience Application, or other documentation verifying at least 1,100 hours of work experience during the past five years, must be submitted with this application.
- b) Proof of completion of at least 15 hours of continuing education in income tax-related courses completed within the past 12 months must be submitted with this application.
- c) The Board will email you an "examination approval" notice if your application is approved. This notice will provide instructions on how to schedule and pay for your exam with PSI.
- d) Please refer to the Important Information about Your Exam document, which you will receive with your examination approval notice, for additional information.

6 SIGNATURE

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

I acknowledge that, if I fail the examination, no review of my examination questions will be granted.

Signature

Date

7 FEES Tax Consultant Exam Application Fee

TOTAL FEES \$ 60

****You will pay PSI a \$85 exam fee when scheduling your Exam****

Per OAR 800-020-0026 - Exam fees are **non-refundable** unless the applicant does not qualify to take the examination **OR** there is a verifiable circumstance(s) beyond the control of the applicant (at the discretion of the Board). However, the applicant **must** notify the Board office, **in writing**, prior to the scheduled examination date. **NOTE:** A \$10 processing fee will be deducted from all exam refunds.

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CHECK OR MONEY ORDER

Mail to:
OREGON BOARD OF TAX PRACTITIONERS
200 Hawthorne Ave., Suite D450
Salem, OR 97301

CREDIT CARD PAYMENT

NUMBER _____ - _____ - _____ - _____

EXP DATE ____/____/____ CCV# _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

