

**STATE-ONLY CONSULTANT  
EXAM for ENROLLED AGENTS****Initial Exam****Retake Exam**

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

**For Office Use Only**  
DATE RECEIVED:Questions? (971) 401-1544  
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

**1****PLEASE PRINT OR TYPE** \*All fields must be completed 'cf nci f Udd JWHcb'k J''bchVYdfcWggYX\*

"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.\*****2****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: \_\_\_\_\_

**5****ENROLLED AGENT CARD****NOTE: No other documents will be accepted.**

You must submit a front and back copy of your current Enrolled Agents Card  
*(Please make sure you sign the back.)*

**6****IMPORTANT INFORMATION** (PLEASE READ)

- a) A copy of your Enrolled Agent Card Front and Back (signed), must be submitted with this application.
- b) 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.
- c) Please refer to the Important Information about your Exam document, which you will receive with your examination approval notice, for additional information.

**7****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 \_\_\_\_\_

**8****FEES**

Tax Consultant State-Only Exam Application Fee

\$ 60

**\*\*You will need to pay PSI \$85 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.

**9****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 \_\_\_\_\_

