

**CONTINUING EDUCATION WAIVER
REQUEST APPLICATION**

STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Road SE #120 ~ Salem, Oregon ~ 97302

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB

ORS 673.655 (2) – Continuing Education Requirement; waiver; which states: “The board may exempt a tax consultant or tax preparer from the continuing education required by this section upon application showing evidence satisfactory to the board of inability to comply because of unusual or extenuating circumstances.”

The information requested below and any documentation regarding your request for a waiver of continuing education hours will only be used by the Board of Tax Practitioners to determine whether or not you will be granted a waiver. Otherwise, the information herein is considered strictly confidential and will not be shared without your express written permission.

1

PLEASE TYPE OR PRINT CLEARLY:

LICENSE NUMBER: _____

| | | | |
|--------------------------|--------|---------------------|---------|
| “LEGAL NAME” Last | | First | Middle |
| Mailing Address: | | | |
| City: | State: | Zip Code: | County: |
| Residence Phone No.: | | Business Phone No.: | |
| Fax: | | E-Mail: | |

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

DOCUMENTATION OF NEED FOR WAIVER

2

PLEASE TYPE OR PRINT CLEARLY:

HAVE YOU REQUESTED A WAIVER BEFORE: YES NO **IF SO, FOR WHICH RENEWAL PERIOD:** _____

I AM REQUESTING A WAIVER FOR _____ **HOURS OF CONTINUING EDUCATION**

PLEASE PROVIDE A DETAILED EXPLANATION/REASON FOR REQUESTING THE WAIVER: *(Attach additional pages if needed)*

PLEASE COMPLETE THE QUESTIONS LISTED BELOW:

ARE YOU WORKING IN THE FIELD OF PERSONAL INCOME TAXES NOW: YES NO **DURING SEASON ONLY:** YES NO

DATE OF LAST DAY OF WORK IN THE FIELD OF PERSONAL INCOME TAXES (IF APPLICABLE): _____

DATE WHEN YOU PLAN TO RETURN TO WORK (IF UNKNOWN STATE UNKNOWN): _____

DO YOU OWN YOUR OWN BUSINESS OR Do you HAVE AN EMPLOYER: _____

BUSINESS NAME: _____ **LICENSE NUMBER:** _____

3

SIGNATURE:

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

Signature of Applicant

Date

For Office Use ONLY

of years licensed: _____ Total # of CE hrs: _____ Average CE hrs per year: _____

Current standing with the Board: _____ Other: _____