

2008 TAX CONSULTANT REACTIVATION APPLICATION

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB CHECK HERE IF MAILING ADDRESS HAS CHANGED LICENSE #: **PLEASE PRINT OR TYPE** "LEGAL NAME" Last First Middle Mailing Address: City: State: Zip Code: County: Residence Phone No.: **Business Phone No.:** *E-Mail: Fax: Residence Address: County: City: State: Zip Code: *Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information. **CONTINUING EDUCATION --- SELF ATTESTATION:** 2 I hereby certify that I have acquired _____ continuing education credit hours required as a condition of license renewal/reactivation and that adequate proof of attainment is available for audit or investigation by the Board. Hours reported must be earned on or after May 1 of the previous year. (That were not used for another renewal) Please note: You do not need to self-attest receipt of or complete a continuing education (CE) report of CE credit hours if this is your initial year of licensure. This is my initial year of licensure CONTINUING EDUCATION REPORT List CE Programs in chronological order - Please Print or Type Must submit with your renewal/reactivation application- if more space is needed please attach a separate piece of paper. Title of Program Date(s) Type Code Hours **Sponsor Name** Claimed Attended (See legend) **CE Type Table - Description** Туре **CE Type Table - Description** Туре Code OAR 800-015-0020(2) Code OAR 800-015-0020(2) ETI Estate, tax OR investment planning т Taxation Practitioner ethics F С Computer technology AP Accounting and payroll theory 0 Other - must demonstrate a direct relationship to income tax preparation EMPLOYMENT: Please list your current/last employer if employed by a business other than your own. 3 **Business Name** Designated Consultant/Supervisor Designated Consultant Lic # COMPLIANCE: Have you ever been convicted of, <u>OR</u> are you now under indictment for any criminal offense(s) which an essential element is dishonesty, fraud or deception, per ORS 673.700(4)(b)? 4 If yes, attach an explanation and provide date(s), location, and nature of offenses(s). Yes 🗌 No 🗌 SIGNATURE: Under penalties of perjury, I declare that I have examined this renewal application, including any accompanying attachments 5 and to the best of my knowledge and belief, it is true, correct and complete. Signature Date FEES: (\$95 – For each year in lapsed status) \$ LTC License Only - Active 6 **Reactivation Fee** (If reactivating a license from lapsed status) (\$35) \$ TOTAL FEES: \$ MAIL PAYMENT & CE HOURS TO: STATE BOARD OF TAX PRACTITIONERS, UNIT 07, PO BOX 4395, PORTLAND, OR 97208 FAX PAYMENT & CE HOURS TO: (503) 378-3575 (if paying by credit/debit card) Credit/Debit Card Visa MC DC Number Expires

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