FORM

DC/RC **WAIVER**

FOR OFFICE USE ONLY

# of Years Licensed: _____

Approve: **Date:**

DESIGNATED/RESIDENT CONSULTANT 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

OAR 800-025-0040 (6) & (7) Designated Consultants; allows for a temporary waiver of designated consultant (DC) requirements upon approval by the Board. Please refer to this Oregon Administrative Rule for detailed information regarding a request for a DC waiver.
OAR 800-025-0060(2)-(6) Consultant in Residence; allows for a waiver of resident consultant (RC) requirements upon approval by the Board. Please refer to this Oregon Administrative Rule for detailed information regarding a request for a RC waiver.

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PLEASE TYPE OR PRINT CLEARLY: **LICENSE NUMBER:** _____

"LEGAL NAME" Last		First	Middle
Mailing Address:			
City:	State:	Zip Code:	County:
Business Phone No.:			

DOCUMENTATION OF NEED FOR WAIVER

2

PLEASE TYPE OR PRINT CLEARLY: **BUSINESS LICENSE NUMBERS:** _____ & _____

HAVE YOU REQUESTED A DESIGNATED/RESIDENT CONSULTANT WAIVER BEFORE: ☐ **YES** ☐ **NO**

IF SO, FOR WHICH TIME PERIOD:_____

NAME & ADDRESS OF BUSINESS YOU ARE CURRENTLY SERVING AS DESIGNATED/RESIDENT CONSULTANT FOR:

Business Name	Business Address	City	State	Zipcode

NAME & ADDRESS OF THE ADDITIONAL BUSINESS YOU ARE REQUESTING A DESIGNATED/RESIDENT CONSULTANT WAIVER FOR:

Business Name	Business Address	City	State	Zipcode

PLEASE PROVIDE A DETAILED PLAN ON HOW EACH BUSINESS WILL BE SUPERVISED AND AN EXPLANATION AS TO THE UNUSUAL/EXTENUATING CIRCUMSTANCES FOR THE REQUEST FOR WAIVER: *(Attach additional pages if needed)*

WHAT IS YOUR FINANCIAL RELATIONSHIP TO THE TAX PREPARATION BUSINESSES YOU ARE REQUESTING THE WAIVER FOR: