

**ENROLLED AGENT
EXAMINATION APPLICATION**

Initial Exam Retake Exam

Office Use Only

Exam # : _____ **Type:** _____ **X's Taken:** _____ **Location:** _____

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

1	PLEASE PRINT OR TYPE			
	"LEGAL NAME" Last		First	Middle
	Mailing Address:			
	City:	State:	Zip Code:	County:
	Social Security No:	Date of Birth:	Male	<input type="checkbox"/>
			Female	<input type="checkbox"/>
	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.

As part of your application, you are required to provide your Social Security Number to the State Board of Tax Practitioners. The authority for this request is ORS 25.785, ORS 305.385, 42 USC 405(c)(C)(I), and 42 USC 666(a)(13). Failure to provide your Social Security Number is grounds to refuse to issue a license to prepare personal income taxes. This record of your Social Security Number will be used solely for the purposes of child support enforcement and tax administration.

2	Please indicate the location where you want to take the exam: (Location selection is FINAL)	
	A list of examination locations & site codes is located on the agency's website at: http://www.oregon.gov/OTPB/docs/Forms/GEN_INFO.pdf	
	A) <input type="checkbox"/>	Proctor Site at: _____ <div style="text-align: right;">City & Site Code</div>
	B) <input type="checkbox"/>	December 13, 2008, Board Administered Examination – Salem (Application Deadline: November 12, 2008)

NOTE: Once your application is accepted, the Board will mail you an approval letter, which will explain how to schedule your appointment for examination. Do not schedule your exam prior to receipt of your approval letter, as the proctor site will not have an examination for you to take. Please see section #5 for additional information.

*I need an ADA Accommodation. Indicate type of Disability: _____
*Must attach a completed "ADA Accommodation Request Form" located on the agency's website at:
<http://www.oregon.gov/OTPB/Forms.shtml>

3	a) Have you ever been licensed as a Tax Preparer in OR?	<input type="checkbox"/> YES	License #: _____
	b) Have you ever applied for the Tax Consultant Exam in OR?	<input type="checkbox"/> YES	Last Date: _____
	c) Have you ever been licensed as a Tax Consultant in OR?	<input type="checkbox"/> YES	License #: _____
	d) Have you ever been licensed in another state ? State: _____	<input type="checkbox"/> YES	Registration #: _____
	e) If not currently licensed as a tax preparer:		
	(1) Are you a high school graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year graduated: _____
(2) Do you have a GED certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year received: _____	
f) If you have attended a <i>college or university</i> , please indicate the number of years completed .		_____	

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TREASURY CARD:

Must submit a copy of your current Treasury Card.

NOTE: Any other documents will not be accepted.

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IMPORTANT INFORMATION (PLEASE READ):

- a) When a completed application, any accompanying materials/documents, exam fee(s) and proctoring fee(s) have been filed with the Board and you qualify for examination; you will receive an "examination approval" notice by mail, which will provide you with information on how to schedule your examination date/time.
- b) You must present picture identification issued by a governmental agency to be admitted to the exam.
- c) Programmable calculators, cell phones and pagers will **not** be allowed at the examination.
- d) Any person who fails the examination shall be eligible for a succeeding exam upon making application and re-payment of the examination fees (exam & proctoring).
- e) During peak examination season (Nov – Feb) it **may** take up to **30 days** to process exam results. Exam results will **ONLY** be reported in writing. *No examination results will be given out over the phone or in person.*
- f) When you have passed the examination, and are notified by the Board that you are eligible for licensing, you have **60 days** from your examination date to apply for your Tax Consultant License.

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SIGNATURE:

Under penalties of perjury, I declare that I have reviewed this Examination Application, including 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

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FEES:

Tax Consultant State Only Exam Fee: (\$85) \$ _____

Proctor Site Fee (if applicable) – A listing is located on the agency’s website at: \$ _____
http://www.oregon.gov/OTPB/docs/Forms/GEN_INFO.pdf

TOTAL FEES: \$ _____

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MAIL PAYMENT TO: STATE BOARD OF TAX PRACTITIONERS

**UNIT 07
PO BOX 4395
PORTLAND, OR 97208**

OR

FAX PAYMENT TO: (503) 378-3575 (if paying by credit/debit card)

Credit/Debit Card Visa ___ MC ___ DC ___ Number _____ Expires _____

According to OAR 800-020-0026 - Exam fees are **nonrefundable** 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. No refunds will be honored if requested after the 60-day limitation. **NOTE:** A \$10 processing fee will be deducted from all exam refunds.