

FORM **LIC LIST****LICENSEE LIST  
APPLICATION**

STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034

Fax: 503-378-3575

E-mail: [tax.bd@state.or.us](mailto:tax.bd@state.or.us)Website: [www.oregon.gov/OTPB](http://www.oregon.gov/OTPB)**ALLOW APPROXIMATELY TWO WEEKS FROM OUR RECEIPT OF YOUR PAYMENT TO FILL YOUR ORDER****1****PLEASE PRINT OR TYPE**

NAME	Last	First	Middle
<b>MAILING ADDRESS:</b>			
City:	State:	Zip Code:	County:
Residence Phone No.:		Business Phone No.:	
Fax No:		*E-Mail	

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

**2****ORDER LIST OF LICENSEES:****LICENSE CATEGORY (Please Specify):**
 Both Preparers and Consultants   
 Preparers only   
 Consultants only
**GEOGRAPHIC AREAS:**
 All geographic areas   
 One or more counties (*County list on reverse side*)
**FORMAT:**
 Excel   
 ASCII
**SORT ORDER:**
 Zip code order   
 Alphabetical order by name
**DELIVERY:**
 Email Address (*No Additional Fees*): \_\_\_\_\_

 Pick up Disc at Tax Board office (*Additional Fees Apply*)

 Mail to your address (*Additional Fees Apply*)
**ALLOW APPROXIMATELY TWO WEEKS FROM OUR RECEIPT OF YOUR PAYMENT TO FILL YOUR ORDER**

TO ORDER, CHECK THE COUNTIES YOU WISH TO HAVE INCLUDED IN YOUR LIST  
COMPLETE THE COST INFORMATION AT THE BOTTOM OF THE PAGE.

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	COUNTY		COUNTY
	BAKER		LAKE
	BENTON		LANE
	CLACKAMAS		LINCOLN
	CLATSOP		LINN
	COLUMBIA		MALHEUR
	COOS		MARION
	CROOK		MORROW
	CURRY		MULTNOMAH
	DESCHUTES		POLK
	DOUGLAS		SHERMAN
	GILLIAM		TILLAMOOK
	GRANT		UMATILLA
	HARNEY		UNION
	HOOD RIVER		WALLOWA
	JACKSON		WASCO
	JEFFERSON		WASHINGTON
	JOSEPHINE		WHEELER
	KLAMATH		YAMHILL
	OUT-OF-STATE		ALL COUNTIES

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**CHECK APPROPRIATE FEES:**

- **\$25** – List of all counties \$ \_\_\_\_\_
  - **\$25** – List number of counties requesting \_\_\_\_\_ \$ \_\_\_\_\_
  - **\$120** – One-year monthly subscription of current licensees  
 Month Beginning \_\_\_\_\_ Month Ending \_\_\_\_\_ \$ \_\_\_\_\_  
*(List will be provided between the 1<sup>st</sup> & 10<sup>th</sup> of each month)*
  - **\$25** – One time list of examinees who passed the following examinations \$ \_\_\_\_\_  
 \_\_\_ All Examinations \_\_\_ Preparer (only) \_\_\_ Consultant (only)  
 Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
  - \_\_\_\_\_ Mailing Fee \_\_\_\_\_ Disc Fee \_\_\_\_\_ Mail & Disc Fee \$ \_\_\_\_\_  
 (add \$3) (add \$2) (add \$5)
- 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 \_\_\_\_\_