

**SOCIAL SECURITY  
AFFIDAVIT APPLICATION**

FOR OFFICE USE ONLY  
Approve: \_\_\_\_\_ Date: \_\_\_\_\_

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)

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 child support enforcement and tax administration.

**1**

**TO BE COMPLETED BY THE APPLICANT:**  
**PLEASE PRINT OR TYPE**

<b>"LEGAL NAME"</b> 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.

**2**

**IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER:**

Complete the following affidavit and sign it in the presence of a notary public.

**AFFIDAVIT OF APPLICANT**

I,, \_\_\_\_\_ having been duly sworn do hereby affirm that:

- I wish to apply for or renew my LTP or LTC license with the State Board of Tax Practitioners:
- I understand that I am required by law to provide the Board with the Social Security Number issued to me by the Social Security Administration:
- I do not now have, nor have I ever had, a Social Security Number:
- I do not have a Social Security Number because I am not required by the laws of the United States to have or obtain a Social Security Number for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

- I understand that if I obtain a Social Security Number after submitting this affidavit to the Board that I am required to notify the Board in writing of my Social Security Number within 21 days of receiving the number.
- I understand that any untrue statement or other falsification of this affidavit is grounds for revoking my license.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
County Notary Public Signature

\_\_\_\_\_  
State My Commission Expires: