

**UNLICENSED OWNER 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)

**IF YOU ARE AN UNLICENSED OWNER OF A TAX BUSINESS,  
 COMPLETE THIS FORM AND SUBMIT IT ALONG WITH YOUR  
 BUSINESS REGISTRATION APPLICATION**

**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.**

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)(l), 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**

**SIGNATURE:**

Under penalties of perjury, I declare that I have reviewed this application, and to the best of my knowledge and belief, the information is true, correct and complete.

**I acknowledge that, if I fail the examination, no review of my examination questions will be granted.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date