

# STATE-ONLY CONSULTANT EXAM for ENROLLED AGENTS

Initial Exam

Retake Exam

*Do NOT email this form with credit card info-we will call you to take that over the phone*

Questions? (971) 401-1544  
Email: tax.bd@tax.oregon.gov

## OREGON BOARD OF TAX PRACTITIONERS

200 Hawthorne Ave., Suite D450  
Salem, OR 97301

Fax (503) 585-5797  
Website: www.oregon.gov/OBTP

PLEASE PRINT OR TYPE *\*All fields must be completed\**

**1**

"LEGAL NAME" Last:			First:	Middle Initial:
Social Security Number:	Date of Birth:	Male	<input type="checkbox"/>	Female
		Female	<input type="checkbox"/>	
Mailing Address:				
City:	State:	Zip Code:		
Cell Phone:	Home Phone:	Business Phone:		
Fax:	*E-Mail:			

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

**2**

The Oregon Board of Tax Practitioners (OBTP) has contracted with PSI Services LLC (PSI) to administer the examination. PSI provides examinations through a network of computer examination centers throughout the US.

You can find a full list of PSI locations on our website under the Examinations Tab.

For additional information refer to the PSI website: <https://test-takers.psiexams.com/>

**NOTE:** Once your application is processed, the Board will e-mail you an approval letter that will explain how to schedule your appointment for examination. You cannot schedule your exam prior to receipt of your approval letter. Please see section #5 for additional information.

**3**

\*I request an ADA Accommodation. Indicate type of disability: \_\_\_\_\_

**\*Must attach a completed "ADA Accommodation Request Form"**

**\*located on the Web at:** <https://www.oregon.gov/obtp/Pages/Forms.aspx>

**4**

- a) Have you ever been licensed as a Tax Preparer in Oregon?  Yes  No License #: \_\_\_\_\_
- b) Have you ever applied for the Tax Consultant Exam in Oregon?  Yes  No Last Date: \_\_\_\_\_
- c) Have you ever been licensed as a Tax Consultant in Oregon?  Yes  No License #: \_\_\_\_\_
- d) Have you ever been licensed in another state? State: \_\_\_\_\_  Yes  No Registration #: \_\_\_\_\_
- e) If not currently licensed as a tax preparer:

(1) Are you a high school graduate?  YES  NO Year graduated: \_\_\_\_\_

(2) Do you have a GED certificate?  YES  NO Year received: \_\_\_\_\_

f) If you have attended a college or university, please indicate the number of years completed: \_\_\_\_\_

**5** TREASURY CARD

**NOTE: No other documents will be accepted.**

- You must submit a front and back copy of your current Treasury Card.  
*(Please make sure you sign the back of your Treasury Card.)*

**6** IMPORTANT INFORMATION (PLEASE READ)

- a) A copy of your Enrolled Agent Card Front and Back (signed), must be submitted with this application.
- b) The Board will email you an "examination approval" notice if your application is approved. This notice will provide instructions on how to schedule and pay for your exam with PSI.
- c) Please refer to the Important Information about your Exam document, which you will receive with your examination approval notice, for additional information.

**7** SIGNATURE

Under penalty of perjury, I declare that I have examined this application, including any 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

**8** FEES Tax Consultant State-Only Exam Application Fee

\$ 60

**\*\*You will pay PSI a \$85 exam fee when scheduling your Exam\*\***

Per OAR 800-020-0026 - Exam fees are **non-refundable** 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.  
**NOTE:** A \$10 processing fee will be deducted from all exam refunds.

**9**

**CHECK OR MONEY ORDER**

Mail To:

**STATE BOARD OF TAX PRACTITIONERS**  
**550 Airport Rd. SE, Suite A**  
**Salem, OR 97301**

**CREDIT CARD PAYMENT**

NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CCV# \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

