

CE WAIVER

APPROVE:

DATE:

CONTINUING EDUCATION WAIVER APPLICATION

OREGON BOARD OF TAX PRACTITIONERS

Questions? (503)378-4034
Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797

DO NOT EMAIL THIS FORM

Website: www.oregon.gov/OBTP

ORS 673.655 (2) – Continuing Education Requirement; waiver; which states: “The Board may exempt a tax consultant or tax preparer from the continuing education required by this section upon application showing evidence satisfactory to the Board of inability to comply because of unusual or extenuating circumstances.”

The information requested below and any documentation regarding your request for a waiver of continuing education hours will only be used by the Board of Tax Practitioners in determining the granting of a waiver. The information herein is considered strictly confidential and will not be shared without your express written permission.

1	PLEASE TYPE OR PRINT CLEARLY			License # _____
	“LEGAL NAME” Last:		First:	Middle:
	Mailing Address:			
	City:	State:	Zip Code:	County:
	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. My e-mail address may be released to tax schools and tax organizations

2 **DOCUMENTATION OF NEED FOR WAIVER**

Have you requested a waiver before? Yes No If so, for which renewal period? _____

I am requesting a waiver for _____ hours of continuing education. Å

Please provide a detailed explanation/reason for requesting the waiver. (Attach additional pages if needed)

PLEASE TYPE OR PRINT CLEARLY Å

PLEASE COMPLETE THE QUESTIONS LISTED BELOW

Are you working in the field of personal income tax preparation? Yes No During season only? Yes No

Date of last day of work in the field of personal income taxes (if applicable) _____

Date when you plan to return to work (if unknown, write unknown) _____

Do you own your own business? Yes No

Business Name: _____ Registration #: _____

3 **SIGNATURE** Under penalties of perjury, I declare that I have examined this renewal application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Number of years licensed: _____ Total number of CE hours: _____ Average CE hours per year: _____

Current standing with the Board: _____ Other: _____