

**SOCIAL SECURITY  
AFFIDAVIT APPLICATION**

APPROVE:

DATE:



Questions?

(503)378-4034

**OREGON BOARD OF TAX PRACTITIONERS**

Fax (503)585-5797

Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

You are required to provide your Social Security Number to the State Board of Tax Practitioners. (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 business registration or 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.

**1****TO BE COMPLETED BY THE APPLICANT** (PLEASE TYPE OR PRINT CLEARLY)

<b>"LEGAL NAME"</b> Last:		First:	Middle Initial:
Mailing Address:			
City:	State:	Zip Code:	County:
Social Security Number:		Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
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****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**

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

1. 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.
2. I do not now have, nor have I ever had, a Social Security Number.
3. 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:  
\_\_\_\_\_  
\_\_\_\_\_

4. 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.
5. 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