



**American Society of Tax Problem Solvers
 Certified Tax Resolution Specialist Exam Application**

Pursuant to the requirements set forth in the *Certified Tax Resolution Specialist Program*, conducted by the American Society of Tax Problem Solvers, the undersigned hereby applies for examination.

All applicants must be an ASTPS Member.

Application Date: _____

I, _____ attest to having met the following requirements for the examination.

Minimum of 16 points required within the past the 2 years. 2 points per session completed. 4 points per session instructed. A session = 2 hours of IRS Representation Education.

	<i>Professional Studies (16 points)</i>	<i>Year</i>	<i>Education Credentials (10 points)</i>	<i>State Licensed</i>	<i>License Date</i>	<i>Full Time Experience</i>
CPA						
Enrolled Agent						
Attorney						
Total Points (Minimum 36)						

Attestation

I understand that I have 30 days from the release date shown on the examination in which to complete and return the examination. In the event the examination is not returned for grading within the 30 days, I understand I will be considered to have failed. I will work independently. I will not discuss the content of the examination with anyone either during the 30 days it is in my possession or any time thereafter. I will make no copies of the examination and will return the original when submitting my answers for grading. I understand failure to comply with this agreement may bar me from certification. I agree to adhere to the ethical principles of ASTPS.

Examination Fee: \$375.00

Please make checks to:

ASTPS

2250 Where Drive Suite 3

Williamsville, NY 14221

Please circle the following : AMEX, MC, Visa

Account Number _____ Expiration Date _____

Billing Address _____

Mail, Fax (716-630-1651), Or Email (info@astps.org) completed application.

Please sign below to attest and affirm the accuracy of the credentials listed above, and if a credit card was used to authorize the charge.

Signature _____

Date _____