

**This form can be used to authorise an agent or company representative to act on behalf of a registered operator.**

Please complete this form and sign below. Please print clearly in ink using BLOCK letters and cross where applicable. You need to provide original documents for evidence of identity if you do not provide an existing Victorian photo licence or learner permit or confirmed client number. For more information visit [vicroads.vic.gov.au/evidenceofidentity](http://vicroads.vic.gov.au/evidenceofidentity)

**Registered operator details** (to be completed by the registered operator)

<input type="checkbox"/> Male <sup>^</sup>	<input type="checkbox"/> Female <sup>^</sup>	<input type="checkbox"/> Company <sup>#</sup>	Victorian Licence/Permit/Client no.*								
Surname or company name			Given name or ACN								
Previous name(s) (if applicable)			Date of birth	D	D	M	M	Y	Y	Y	Y
Home (or company) address							Postcode				
Postal address (if different from above)							Postcode				
Garage address (if different from home (or company) address)							Postcode				
Contact phone number				Email (optional)							

\*Please provide your Victorian Licence/Permit/Client number - You will have a client number with VicRoads if you have held a Victorian licence or learner permit or have had a vehicle registered in your name in Victoria.

**Agent or company representative's personal details**

Surname		Given name									
Position of company representative (if applicable)		Victorian Licence/Permit/Client no.									

**Authorised activities** (^individual authorisation is valid for 1 month, #company authorisation is valid for 1 year, unless revoked)

Specify details of types of transactions that can be performed on behalf of the registered operator. You can limit activities to specific vehicles if required (specify in *Other details* section). To revoke authorisation, notify VicRoads in writing or nominate a new agent using this form.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Register vehicles	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assign number plates	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cancel registration/Apply for refunds	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Obtain duplicate labels	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify common expiry/Pay registration renewal	

**Registered operator's signature**

I hereby authorise the agent/company representative above to undertake the specified authorised activities in the registered operator's name.

**By signing this form, I declare that all information and/or documents provided by me is true and correct and I understand the privacy statement.**

Signature of registered operator							Date	D	D	M	M	Y	Y	Y	Y
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**Privacy statement**

Providing false and/or misleading information or documents is a serious offence under the *Road Safety Act 1986* and/or *Marine Safety Act 2010* and can result in you being fined or imprisoned. Any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect.

Personal information VicRoads collects from you may be used for the purposes, and disclosed to persons, permitted by section 92 of the *Road Safety Act 1986*, and the *Marine Safety Act 2010*. It may be disclosed to various organisations and persons, including (without limitation) to contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to collect it. You are required to provide this personal information. Failure to provide the information may result in this form not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see VicRoads brochure *Protecting your privacy* or contact VicRoads on 13 11 71.

**OFFICE USE ONLY**

**Agent or company representative's personal evidence of identity** (original documents only)

<b>Category A evidence</b>		<input type="checkbox"/> Australian photo licence	<input type="checkbox"/> Australian birth certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (specify document type)						
Origin (state/country)	Reference no.	Date of expiry	D	D	M	M	Y	Y	Y	Y	
<input type="checkbox"/> <b>Category B evidence</b>	Document type	Reference no.									
Signature of authorised officer			Signature of manager (if required)								
Name of authorised officer			Name of manager (if required)								
User ID	Date	D	D	M	M	Y	Y	Y	Y	Y	