AGENT AUTHORISATION - TRADE SKILLS ASSESSMENT (SRI05)
Please complete using BLOCK letters

vetassess

APPLICANT FAMILY NAME (surname): _____

APPLICANT GIVEN NAME/S: _____

DATE OF BIRTH: _____/_____/_____ **FILE No.:** | | | | | | | | | | |
DD MM YY

An agent can be any person such as a relative or organisation nominated by an applicant to act on their behalf.

Appointing an agent to act on an applicant's behalf includes authorising VETASSESS to:

- Discuss the application with the agent and seek further information from them
- Send the agent written communication about the application that would otherwise have been sent to the applicant.

In a case where the nominated agent works in a firm, and that agent is unavailable the applicant may wish VETASSESS to discuss the case with other agents in that firm. This must be specified by checking the appropriate box in Option 1. This form can be returned by post or fax or as a scanned email from an authorised email address to tradeassess@vetassess.com.au.

Do you wish to advise VETASSESS that you have (tick ✓ one option only):

☐ **Appointed an agent (go to Option 1)** ☐ **Changed your agent (go to Option 1)** ☐ **Ended the appointment of your agent (go to Option 2)**

Option 1 *- Please complete the following section if you are appointing/changing your agent.*

I _____, the applicant, hereby nominate the following agent to act on my behalf in all matters pertaining to my application for Trade Skills Assessment, VETASSESS:

NAME: _____ EMAIL:_____ _____

COMPANY NAME (if applicable): _____MARA No. (if applicable)_____

TELEPHONE: _____ MOBILE: _____ __FAX: _____

ADDRESS FOR CORRESPONDENCE:_____

_____

_____

☐ **I wish all correspondence to be directed to my agent's address**
☐ **Please contact my agent's firm if my agent is unavailable**

APPLICANT SIGNATURE: _____ **DATE:** _____/_____/_____

AGENT SIGNATURE: _____ **DATE:** _____/_____/_____

Option 2 *- Please complete the following section if you are ending the appointment of your agent.*

I _____, the applicant, hereby remove permission for the following agent to act on my behalf in any matter pertaining to my application for Trade Skills Assessment, VETASSESS:

NAME: _____ REGISTRATION NUMBER (IF APPLICABLE): _____

COMPANY NAME(IF APPLICABLE): _____

APPLICANT SIGNATURE: _____ **DATE:** _____/_____/_____

Please note that the applicant signature must match the signature as it appears on the original application.
Signature discrepancies may cause significant delays.

Quality System
Quality Endorsed Company
QEC23802

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AUSTRALIA
Fax: +613 9655 4899