FM - SRT32



Agent Authorisation

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.

You can return this form from an authorised email to tradeassess@vetassess.com.au

name (surname)		
Applicant given name/s	Day Month Year	
Date of birth	/ / /	
Email		
File number		
Do you wish to advise VETASSESS that you have (tick one ☑ selection): Option 1		

Option 1 – Please complete the following section if you are appointing a new agent

I, (print name)

the applicant, hereby <u>nominate</u> the following agent to act on my behalf in all matters pertaining to my application for Trade Skills Assessment with VETASSESS:	
Family name	
Given name	
MARA number (If applicable)	
Company name (If applicable)	
Daytime number	
Mobile number	
Email	
Postal address (For correspondence)	
I wish all correspondence to my agent's address	o be directed to
Please contact my agent's is unavailable	firm if my agent
	Applicant Signature

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Applicant family

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Agent Authorisation

Option 2 – Please complete the following section if you are ending an appointment with an existing agent	Applicant signature
I, (print name) 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 with VETASSESS	Note — Your signature must match the signature as it appeared on your original application. Signature discrepancies may cause delays.
Family name Given name	Applicant's signature (On completion of this form, please print and sign by hand)
MARA number (If applicable) Company name (If applicable)	Day Month Year