



# Authority to Act as an Agent

## Applicant to complete

I authorise the person named below to act as my agent and complete all relevant application forms to complete the transaction ticked in the below box.

- Transfer registration of a motor vehicle to my name.
- Establish registration of a motor vehicle in my name.
- Cancel registration of a motor vehicle in my name.
- To apply for a statement of registration or licence details.

I give permission for the agent to consult on my behalf about any situation preventing this transaction from occurring.

- Yes
- No, I will contact the Access Canberra Contact Centre to discuss further.

**IMPORTANT: You must provide the person acting as your agent with a copy of your proof of identity** (ACT Driver Licence is acceptable). To view the full list of acceptable proof of identity documents please visit [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR) or phone Access Canberra on 13 22 81.

|                       |                       |   |
|-----------------------|-----------------------|---|
| Applicant's full name | Driver Licence Number | Date of Birth   |
| <input type="text"/>  | <input type="text"/>  | <input type="text" value="/"/> <input type="text" value="/"/> |

Applicant's residential address

|                      |   |
|----------------------|---|
| Signature            | Date  |
| <input type="text"/> | <input type="text" value="/"/> <input type="text" value="/"/> |

|   |                       |   |
|---|-----------------------|---|
| Joint applicant's full name (if required) | Driver Licence Number | Date of Birth   |
| <input type="text"/>                      | <input type="text"/>  | <input type="text" value="/"/> <input type="text" value="/"/> |

Joint applicant's residential address

|                      |   |
|----------------------|---|
| Signature            | Date  |
| <input type="text"/> | <input type="text" value="/"/> <input type="text" value="/"/> |

## Agent to complete

**IMPORTANT:** To complete a transaction on behalf of someone else (*the applicant*), you must present the applicant's proof of identity, your proof of identity and this application form completed by the applicant and yourself.

|                      |                       |   |
|----------------------|-----------------------|---|
| Agent's full name    | Driver Licence Number | Date of Birth   |
| <input type="text"/> | <input type="text"/>  | <input type="text" value="/"/> <input type="text" value="/"/> |

Agent's residential address

|                      |   |
|----------------------|---|
| Agent's signature    | Date  |
| <input type="text"/> | <input type="text" value="/"/> <input type="text" value="/"/> |

**Privacy Statement:** The personal information on this form is being collected by Access Canberra (part of the Chief Minister, Treasury and Economic Development Directorate) for vehicle registration purposes as authorised by the Road Transport (Vehicle Registration) Act 1999. The information may be used for the administration of driver licensing and vehicle registration legislation and enforcement. Access Canberra will include your information in its "one client record" so that it can be used in respect of any other dealings that you might have with it. Information about your identity, which forms part of your one client record, will also be used for administrative purposes, including to confirm that we are dealing with the correct individual. Your personal information may be used or disclosed to other ACT Government Directorates, Commonwealth, State and other Territory government agencies, transport authorities, law enforcement and court agencies, authorised by law; the Motor Accident Injuries Commission; Austroads Ltd; the National Heavy Vehicle Regulator; the National Capital Authority and individuals, their agents or insurers following a report provided to the police of a motor vehicle accident. Confirmation on a 'yes' or 'no' basis of current registered operator, registration status, vehicle 'stolen' status and outstanding defects on the vehicle may be disclosed to prospective acquirers. If you choose not to provide the personal information requested on this form, we may not be able to process your request. Personal information for this application is not normally disclosed to overseas recipients unless required by law. Personal information is held and managed in accordance with the Information Privacy ACT 2014.

## Office use only (signature verification)

Agent to sign in the presence of Customer Service Officer

|                   |                      |                  |                      |
|-------------------|----------------------|------------------|----------------------|
| Agent's signature | <input type="text"/> | Type of document | <input type="text"/> |
|-------------------|----------------------|------------------|----------------------|

|             |                      |           |                      |      |   |
|-------------|----------------------|-----------|----------------------|------|---|
| Verified by | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text" value="/"/> <input type="text" value="/"/> |
|-------------|----------------------|-----------|----------------------|------|---|

- Applicant's proof of identity provided
- Agent's proof of identity provided