



Use this form to add a trusted person to act on your behalf for all Taxi Subsidy Scheme (TSS) (Membership and Application) matters.

The person with authority to act will be able to do the following on behalf of the TSS member:

- discuss all dealings about their TSS application or membership
• update TSS application or membership details, including contact information
• report a lost or damaged TSS Smartcard
• order interstate taxi vouchers
• renew or cancel TSS application or membership.

For more information on the TSS visit www.tmr.qld.gov.au/tss or scan the QR code.

What you need to do:

- 1. Complete this form, print and sign. Post to TSS or scan as a PDF and email.
2. If you have a PDF editor complete the form, digitally sign and email the form.
• Email: tssu@translink.com.au – attach the form as PDF
• Mail: Taxi Subsidy Scheme, PO Box 13347, BRISBANE QLD 4003



Important:

- If you have an existing Power of Attorney document, you can send a copy of that to us by email or in the post instead of completing this form.
• If you wish to register more than one person to act on your behalf, you will need to provide a separate Power of Attorney document for each person or fill out a separate Authority to Act form for each person.

If you need help to complete this form, you can call 1300 134 755 or email tssu@translink.com.au

About you

Family name [ ] Given name/s [ ]
Date of birth [ / / ]
Contact number [ ] Email address [ ]

About the person you want to act on your behalf for TSS matters

Family name [ ] Given name/s [ ]
Contact number [ ] Email address [ ]
Person's relationship to you (e.g., husband/wife, mother/father, son/daughter, carer, relative, etc.)
[ ]

Declaration

- I declare the information on this form is correct.
• I authorise the person named on this form to act on by behalf for all TSS matters.
• I understand that I can cancel this arrangement at any time by writing to the TSS.

Your signature [ ] Date [ / / ]

or, if you are unable to sign this form, please ask someone else to sign the below for you.

Authorised person's signature [ ] Date [ / / ]

Relationship to you [ ]

**Privacy statement:** The Department of Transport and Main Roads (TMR) collects the information on this form to enable assessor from Queensland Health and TMR to assess your eligibility for TSS membership authorised by the Transport Operations ( Passenger Transport ) Regulation. As set out in the declaration above, the information provided on this form may be verified with assessors from Queensland Health to satisfy the requirements of s123 of the Transport Operations (Passenger Transport) Regulation and s55 of the *National Disability Insurance Scheme Act 2013*. We manage your personal information in accordance with the *Information Privacy Act 2009*. For more information, visit [www.tmr.qld.gov.au/help/privacy](http://www.tmr.qld.gov.au/help/privacy)