

## Authority to represent Registered Operator Vehicle Registration

This form can be used to authorise an individual to sign and present forms on behalf of a registered operator/s. As the registered operator/s, please complete and sign this form below. Your representative needs to provide this original authority, plus evidence of their own identity and evidence of your identity. For information about acceptable evidence of identity, visit www.qld.gov.au/ evidenceofidentity.

Part 1: Registered Operator Details First Registered Operator Customer Reference Number (CRN) Date of birth   / /   Mobile/Telephone number   Email address   Individual - family name   Given name/s	number/s or vehic	usiness for the registered ecorded by the department 2 is authorised to sign and ered operator/s according to the
Or business, trust or company name		
Australian Company or Business Number	Activities: Register vehicles	
Second Registered Operator (if applicable)         CRN       Date of birth         /       /	<sup>—</sup> number plates	Other - please specify
Mobile/Telephone number Individual - family name Given name/s	Duration         This authorisation is valid for a maximum of 12 months from the date of the signature in Part 4, unless revoked or otherwise specified.         Other nominated duration (must be less than 12	
	months)	
Or business, trust or company name Australian Company or Business Number	<b>Part 4: Registered Operator/s Authorisation</b> I/we hereby authorise the representative listed in Part 2 to sign and present forms on my/our behalf in relation to the details provided in Part 3. By signing this form, I/we declare that all information provided is true and correct and understand that providing false and/or misleading information is an offence under the <i>Transport Operations (Road Use Management) Act 1995.</i>	
Part 2: Representative Details - Complete (a) or (b)	Signature of first registered operator	
(a) Individual		
CRN  Family name	Date / /	
	Signature of second registered op	perator (if applicable)
Given name/s Relationship to registered operator or organisational position	Date	
	Full name (if signing on behalf of	a business/trust/company)
(b) Paying Agent or Leasing Company	(	· · · · · · · · · · · · · · · · · · ·
CRN continued	Position within organisation	
next column		
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