

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	Organisation name
First Registered Operator	
Customer Reference Number (CRN) Date of birth	
	Part 3: Authorisation Details - Original authority must
	be presented each time you do business for the registered
Mobile/Telephone number	operator as this authority is not recorded by the department
	The representative listed in Part 2 is authorised to sign and present forms on behalf of registered operator/s according to the
Email address	following authorisation.
	Vehicles: All vehicles registered to the registered operator/s
Individual - family name	Specified vehicles only. Please list registration
	number/s or vehicle identification number/s (VIN)
Civan namala	(attach a separate list if more than three vehicles)
Given name/s	Registration/VIN Make/model
Or business, trust or company name	
Australian Company or Business Number	
	Activities: Register vehicles Change vehicle details
Second Posistavad Operator (if annilisable)	Replace/attach Other - please specify
Second Registered Operator (if applicable)	number plates
CRN Date of birth	
Mobile/Telephone number	Duration
	This authorisation is valid for a maximum of 12 months from
	the date of the signature in Part 4, unless revoked or otherwise
Individual - family name	specified.
	Other nominated duration
Given name/s	(must be less than 12
	months)
	Part 4: Registered Operator/s Authorisation
Or business, trust or company name	I/we hereby authorise the representative listed in Part 2 to sign
	and present forms on my/our behalf in relation to the details
Australian Company or Business Number	provided in Part 3. By signing this form, I/we declare that all
Australian Company of Business Number	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	
	Date
Family name	, ,
	Signature of second registered operator (if applicable)
Given name/s	
Given Hame/s	
	Date
Relationship to registered operator or organisational position	1 1
	Full name (if signing on behalf of a business/trust/company)
(b) Paying Agent or Leasing Company	
CRN	Position within organisation
continued	
next column	
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