



# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Hearings Division

## AUTHORIZATION FOR REGISTERED REPRESENTATIVE TO APPEAR

- In order to have a Registered Representative appear at the OATH Hearings Division on your behalf, you must provide the Registered Representative with a completed copy of this form.
- Answer every question in the space provided.
- You and the Registered Representative should each retain a copy of the completed form for your records.
- OATH does not endorse or qualify any Registered Representatives.

### Information About the Notice(s) or Summons(es)

Name of Respondent, as it is written on the notice(s)/summons(es): \_\_\_\_\_

Respondent's CAMIS, Docket, or TLC license number (if applicable): \_\_\_\_\_

I authorize the Registered Representative to appear on [check one]:

Notice/Summons number(s): \_\_\_\_\_  
If you need more space, please attach a list of the notice/summons numbers. Indicate total number of notices/summons: \_\_\_\_\_

All notices/summons issued to the respondent. This authorization remains in effect unless you notify the OATH Hearings Division in writing that the Registered Representative is no longer authorized to represent the respondent.

### Information About the Person Authorizing the Registered Representative to Appear

Your name: \_\_\_\_\_

Your mailing address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you the named Respondent on the notice(s)/summons(es)?  YES  NO

If you are not the named Respondent, check the box that best describes who you are:

Owner of property/business  General/Managing agent  Employee of respondent

Partner/officer of respondent company  Other (friend, relative, etc...), describe \_\_\_\_\_

### Information About the Registered Representative (To be supplied by Registered Representative)

Registered Representative's name: \_\_\_\_\_ Registration number: \_\_\_\_\_

Business mailing address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## AUTHORIZATION STATEMENT

Person authorizing Registered Representative must check the appropriate box next to each question

I, [your name] \_\_\_\_\_, hereby acknowledge that [registered representative] \_\_\_\_\_ informed me of the following:

1) That the Registered Representative is not an employee of OATH.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) That the Registered Representative is not an attorney.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) That the respondent may appear at the OATH Hearings Division without a Registered Representative.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) What the potential penalty is for the charge(s), should the respondent be found in violation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) That the notice(s)/summons(es) may be adjourned to another date.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) The amount of the fees the Registered Representative will be charging.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby authorize [registered representative] \_\_\_\_\_ to appear at the OATH Hearings Division.

\_\_\_\_\_ Signature \_\_\_\_\_ Date