CITY OF NEW YORK
OATH

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Hearings Division

Health and Restaurant Hearings
Consumer Hearings

REPRESENTATIVE REGISTRATION FORM

Calendar Year 2016

You must register with OATH if you represent more than one respondent in any calendar year (unless you are an attorney or family member).
You must re-register every year.

Last Name: _____ First Name: _____

Company Name (if applicable): _____

Street Address (No P.O. Box): _____ City _____ State _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Fax Number: _____

1. Registrant must provide photo ID with registration application.
2. Pursuant to 48 RCNY 6-23, registrant is required to notify the OATH Hearings Division within ten business days of any changes to the information provided on this registration form.
3. Registrant is required to renew registration, annually, by January 15th of each year.
4. By initialing, registrant acknowledges receipt of a copy of the OATH Hearings Division's Procedural Rules. **Registrant's Initials** ☐
5. Whenever registrant appears at the OATH Hearings Division on behalf of a client, registrant must submit a completed *Authorization For Registered Representative To Appear* form for the summons/notice on which the registrant is appearing.
6. OATH may inform the public, in any manner it chooses, of all representatives suspended and/or barred from appearing at any OATH tribunal.

I, _____, certify that I will only appear on a notice or summons when I have the written authorization of the named respondent to appear for that purpose. I further certify that I have reviewed and understand the requirements of 48 RCNY 6-23 and the prohibited conduct in 48 RCNY 6-24 and I agree that I will comply with all provisions of the OATH Hearings Division's Procedural Rules and all other rules and regulations pertaining to my representation of respondents at the OATH Hearings Division. I understand that failure to comply with these rules and regulations may result in suspension or revocation of my registration and the right to represent parties at the OATH Hearings Division.

Furthermore, I have been warned that willful false statements and the like are punishable by fine or imprisonment, or both, under New York Penal Law Section 175.30. Further, such willful false statements and the like may jeopardize the validity of the registration resulting therefrom. I declare that all statements made of my knowledge are true, and all statements made on information and belief are believed to be true.

_____ _____/_____/_____
Signature *Date*

For office use only

ID Type: _____ ID No.:_____ Date Rules Provided: ___/___/___ ***Initials*** ☐

Registration No.: _____ Reception Supvr/Clerk: _____