



# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Hearings Division

## AUTHORIZATION FOR REGISTERED REP. OR ATTORNEY TO APPEAR

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

### 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/attorney 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 for two years from the date of your signature** unless you notify the OATH Hearings Division in writing that the Registered Representative or attorney is no longer authorized to represent the respondent.

### Information About the Person Authorizing the Registered Rep. or Attorney 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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Owner of property/business            | <input type="checkbox"/> General/Managing agent (or employee)           | <input type="checkbox"/> Employee of respondent |
| <input type="checkbox"/> Partner/officer of respondent company | <input type="checkbox"/> Other (friend, relative, etc.), describe _____ |   |

### Information About the Registered Rep. or Attorney (To be supplied by Registered Rep. or Attorney)

Registered Representative or attorney's name: \_\_\_\_\_

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

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

### AUTHORIZATION STATEMENT

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

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

- |  |     |    |
|--|-----|----|
| 1) That the Registered Representative or attorney is not an employee of OATH.                          | YES | NO |
| 2) That if this is a Registered Rep, the Registered Rep has not represented themselves as an attorney. | YES | NO |
| 3) That the respondent may appear at the OATH Hearings Division without a Registered Rep. or Attorney. | YES | NO |
| 4) What the potential penalty is for the charge(s), should the respondent be found in violation.       | YES | NO |
| 5) That the notice(s)/summons(es) may be adjourned to another date.                                    | YES | NO |
| 6) The amount of the fees the Registered Representative will be charging.                              | YES | NO |

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

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