



**COMPLETE THIS ATTACHMENT ONLY IF AN 'AUTHORISED REPRESENTATIVE' IS SEEKING ACCESS TO DOCUMENTS ON BEHALF OF THE 'APPLICANT'. IF YES, THE APPLICANT MUST COMPLETE THIS SECTION TO ALLOW THE AUTHORISED REPRESENTATIVE TO ACCESS THEIR DOCUMENTS.**

**A.1: APPLICANT'S AUTHORISED REPRESENTATIVE'S DETAILS** (e.g. agent, solicitor, family member)

Title  Mr  Mrs  Miss  Ms  Other

Surname

First names

Phone  Mobile

Email

Postal Address

State  Postcode

**A.2: APPLICANT'S DECLARATION** (e.g. licensee, home owner)

I,   
(full name of person allowing access to their documents)

of,   
(Residential address of the 'Applicant')

State  Postcode

QBCC licence number (if applicable) (of the Applicant')

Give permission for   
(full name of the person gaining authority)

Attached is a copy of my **Authorised Representative's Proof of Identity**  
(i.e. you must provide either a copy of their current Driver's Licence/Proof of Age Card, current Passport or Birth Certificate)

Contact phone (of the 'Applicant')

Applicant's signature

Date  /  /

(signature of the person allowing access to their documents)

**PRIVACY NOTICE:** QBCC is collecting your personal information for the purpose of you authorising a third party to act on your behalf to access your information pursuant to the QBCC Administrative Access Policy. The Commission will handle your personal information in accordance with the *Information Privacy Act 2009*.

<b>OFFICE USE ONLY</b>	CRN: <input type="text"/>	Licence No: <input type="text"/>	Container: <input type="text"/>
	Assignee: <input type="text"/>	Received by: <input type="text"/>	