

RoadSafetyBC Authorization for Representation

Applicant Information:

Name: _____

Driver's Licence Number: _____

Phone Number: _____

I, _____, hereby authorize _____
to act on my behalf in the review of:

IRP / ADP / UL / 24Hour Number: _____

VI Number: _____

Section 118 Appeal

This includes authorization for my representative to receive information, police evidence, or correspondence by phone, email, or fax, regarding the file indicated above. This authorization remains valid for the duration of the review or until cancelled by me or my authorized representative.

Authorized Representative Details:

Primary Contact Name: _____

Additional Contact Names: _____

Agency/Firm: _____

Phone Number: _____

Email: _____

Fax: _____

Client Signature: _____

Date: _____