



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: Christopher Urriola Registration number: _____

Business mailing address: 36 West 44th Street, Suite 630 City, State: New York, NY Zip Code: 10036

Telephone Number: 646 884 0068 Email Address: info@vmsnyc.com

AUTHORIZATION STATEMENT

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

I, [your name] _____, hereby acknowledge that [registered representative] Christopher Urriola informed me of the following:

| | | |
|--|---|-----------------------------|
| 1) That the Registered Representative is not an employee of OATH. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) That the Registered Representative is not an attorney. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) That the respondent may appear at the OATH Hearings Division without a Registered Representative. | <input checked="" 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 checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) That the notice(s)/summons(es) may be adjourned to another date. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) The amount of the fees the Registered Representative will be charging. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

I hereby authorize [registered representative] Christopher Urriola to appear at the OATH Hearings Division.

Signature

Date