Consent to Representation

Protected A (when completed)

SafeRoads Alberta

The personal information on this form is being collected under sections 4(a) and (c) of the *Protection of Privacy Act* for the purpose of confirming identity and authorizing permission for a representative to access all information related to the specified Notice(s) of Administrative Penalty for the administration of programs under the *Provincial Administration Penalties Act* or Seizure Notice(s) issued under the *Traffic Safety Act*. For questions about the collection of personal information, contact SafeRoads Alberta at 780-427-7233, toll-free in Alberta by dialing 310-0000 before the number, or by email at saferoads@gov.ab.ca, or by mail to: SafeRoads Alberta, Alberta Justice, Twin Atria Building, 4999 - 98 Avenue NW, Edmonton, Alberta T6B 2X3.

This section must be completed by the person who is providing the consent to representation.

I, _____ _____
First Name Last Name

_____ _____ of _____
Date of Birth yyyy-mm-dd Phone Number Mailing Address

_____ _____ _____
City or Town Province Postal Code

authorize _____ _____
First Name Last Name

at _____ _____
Firm, Company, or Agency (if applicable) Phone Number

of _____ _____ _____ _____
Mailing Address City or Town Province Postal Code

to act as my representative with respect to all matters related to my Notice(s) of Administrative Penalty and/or Seizure Notice(s), contravention number(s) and/or seizure number(s)

_____

I understand that:

- the individual designated as my representative on this form, as well as the staff of the Firm, Company, or Agency indicated, are permitted to access all information related to the contravention number(s) and/or seizure number(s) listed above, in the SafeRoads portal;
- I and my representative are subject to any relevant legislation, regulations, and policies governing SafeRoads Alberta, as well as the Notice of Administrative Penalty and/or Seizure Notice, including the *Provincial Administrative Penalties Act* and its regulations, and the *Traffic Safety Act* and its regulations;
- I or my representative must ensure that all contact information is accurate for a review and must ensure that the preferred contact method for a review is accurate in the SafeRoads portal. If I or my representative do not ensure the accuracy of this information and a review cannot be conducted as a result, the review will be deemed abandoned and the Notice(s) of Administrative Penalty and/or Seizure Notice(s) will be confirmed; and
- I can, at any time, withdraw this consent by providing written notice to SafeRoads Alberta.

☐ *I prefer to sign and submit this document electronically*

Date yyyy-mm-dd	Applicant Name	Applicant Signature
Date yyyy-mm-dd	Representative Name	Representative Signature

This authorization must be signed, scanned, and uploaded to the SafeRoads Portal in PDF format, which shall be deemed to be an original.

Valid for one year from the date signed or until review decision rendered.