



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:

☐ Owner of property/business ☐ General/Managing agent (or employee) ☐ Employee of respondent
☐ Partner/officer of respondent company ☐ 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: Luigi Rojas

Business mailing address: 502 W 136st apt 3D City, State: New York NY Zip Code: 10031

Telephone Number: 862257-0344 Email Address: EternallyReady@gmail.com

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]

Luigi Rojas 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] Luigi Rojas to appear at the OATH Hearings Division.

Signature

Date