

Applicant information

Please provide the below information for the applicant you have been authorised to represent for an ACECQA Skills Assessment.

First name:

Surname:

Passport number:

Migration agent declaration and consent

Please tick each clause below and sign the declaration if you are a registered migration agent authorised to act on behalf of an applicant applying for an ACECQA Skilled Migration Assessment.

I, (Registered Migration Agent name and surname)
declare that:

- I have been authorised by the applicant to discuss, request and provide information about this application on their behalf.
- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the applicant.
- I understand that the applicant may withdraw this authority at any time.

Signature Date

Day Month Year

Migration agent registration number