

Application to change details of an Australian Government Authorised Officer (AAO)

Please ensure that required information is completed in full, including full names, details and signatures.

Please send the completed form, along with any required documents to: aao@aff.gov.au

USE THIS FORM TO:

- Update establishment and/or employer details Section 1
- Update address details Section 2
- Change your name Section 3
- Add or remove species <u>Section 4</u>

AAOs NAME		
Name in full (please print)		
1. ESTABLISHMENT / EMPLOYER DETAILS		
Add Establishment/s (names and numbers)		
Remove Establishment/s (names and numbers)		
Transferring – FROM		
- TO		
Reason for Removing / Transferring		
Establishment Management / Third Party Employer signature		Date
Establishment Management / Third Party Employer signature		Date
2. CHANGE OF ADDRESS		Date
2. CHANGE OF ADDRESS		
2. CHANGE OF ADDRESS Name in full (please print)		
2. CHANGE OF ADDRESS Name in full (please print)	State	
2. CHANGE OF ADDRESS Name in full (please print) Previous home address	State	
2. CHANGE OF ADDRESS Name in full (please print) Previous home address	State	Postcode

3. CHANGE OF NAME		
Previous name in full (plea	ase print)	
Current name in full (pleas	se print)	
NOTE: Please provide a cer	rtified copy of your marriage certificate or deed poll certificate	
Establishment Manageme	ent / Third Party Employer signature	Date
4. ADD / REMOVE SPEC	<u>CIES</u>	
Add Species (list all)	·	
Remove Species (list	t all)	
NOTE: Please provide capa	ability assessment/s and evidence of completed elective/s for an	ny species you are not yet approved for
Establishment Manageme	ent / Third Party Employer signature	Date
EMPLOYER DECLARATION	ON - ESTABLISHMENT	
	for amendments to their current a rted by the company operating the Export Registered Establishr	
	completed by a person listed within company management in t nts listed in Section 1 of this form.	the Certificate of Registration for any of
Name in full (please print))	
Position		
Phone number	Email address	
Signature		Date
EMPLOYER DECLARATION	ON - THIRD PARTY EMPLOYER	
The application by Authorised Officer is support	for amendments to their current arted by the third party employer	appointment as an Australian Government
	completed by a person listed within the independent AAO empl	
Name in full (please print))	
Position		
Phone number	Email address	
Business address		
Signature		Date

COMMENTS			

Applications will be held in the strictest confidence and comply with the privacy notice.

Personal information is defined in the *Privacy Act 1988* and means information or an opinion about an identified individual, or an individual who is reasonably identifiable.

The Department of Agriculture, Fisheries and Forestry collects your personal information in this application form for the purpose of processing a change in details of an authorised officer. If the relevant personal information requested in this application form is not provided by you, the department will be unable to process the change in details of the authorised officer.

The department may disclose your personal information to other Australian government agencies and persons or organisations where necessary for the above purposes, provided the disclosure is consistent with the Privacy Act. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

By completing and submitting this form, you consent to the disclosure of personal information as provided above. See the department's <u>Privacy Policy</u> web page (http://www.agriculture.gov.au/about/privacy) to learn more about accessing or correcting personal information or making a complaint. Alternatively, you may telephone the department on 02 6272 3933.