

## DAC1 - APHIS Data Access Consent Form

When completed, this form will instruct the DARD Online Services Team to authorise your agent to carry out transactions on APHIS Online on your behalf.

If you wish an agent to carry out transactions on APHIS Online on your behalf, please fill in the details below, sign it and return.

**Your Name**

**Your Address**

**Your Postcode:**

**Your Signature(s)**

**Date:**

**Your Customer ID:**

(previously known as your Client ID or IACS number)

**Your Herd, Sheep or Goat flock Number:**

**Agent Name:**

**Agent Address:**

**Agent Postcode:**

**PLEASE NOTE** – By signing this form, you are allowing an agent to carry out transactions on APHIS Online on your behalf. Any information supplied or actions taken will be deemed to have been supplied or action by you and you will be subject to any penalties from the regulations which apply.

**PLEASE SEE OVER**

**Please return the completed form to :**

**DARD Online Services Team,  
Greenmount Campus,  
45 Tirgracy Road,  
Antrim, Co. Antrim,  
BT41 4PS**

**You are advised to keep a copy of this form.**

**Please return this form as soon as possible as your agent will not be able to act on your behalf until we receive your authorisation**