



AuctionsPlus® ASSESSOR ACCREDITATION REACTIVATION -REQUEST

I, _____ (name) of _____(Company)
_____ (location) hereby request to have my AuctionsPlus
Accreditation status reactivated for **Cattle/Sheep** (please circle)

I have completed the following parallel(s) _____ (Form Number) with
_____ **(Level 1 Training Endorsed Assessor)**.

Upon re-gaining my Accreditation to assess livestock to be offered on AuctionsPlus, I agree to the following:

- I am responsible for the objective and accurate assessment livestock
- In promoting any livestock assessed I will not overstate information
- I am liable for any assessment undertaken
- I will endeavour to obtain the signature of the Vendor on every assessment to confirm details provided by them
- Where possible I will be present when livestock sold on AuctionsPlus are delivered, to ensure that they are consistent with the assessment, that stock are fit to load, and to ensure even lines of any stock sold as “run out the gate”
- In the case of any misdescription, I will proactively attempt to resolve the issue working with the purchaser, vendor and AuctionsPlus staff
- I will uphold the AuctionsPlus system to the highest level of integrity possible
- I will not allow any non- accredited person to upload an assessment using my assessor ID in a fraudulent manner

In signing below, I declare that I have read and agree to abide by the [AuctionsPlus User Agreement and Sale Terms](#).

Signature: _____ Date: _____

Mobile Number: _____ Email: _____



ASSESSOR ACCREDITATION REACTIVATION - RECOMMENDATION

I, _____ (name) of _____ (Company) hereby recommend _____ (name) to have their accreditation status reactivated for **Cattle/Sheep** (please circle). Having completed _____ parallel assessments, I am confident in their ability to assess livestock accurately and objectively, their ability to enter assessments and upload appropriate media, and confirm they are familiar with the [AuctionsPlus User Agreement and Sale Terms](#).

Parallel assessments were completed on the following:

| | Assessment Number | Date | Stock Type (e.g. Age, Breed, Sex) |
|---|-------------------|------|-----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

(Requirements are at least 1 parallel assessment to be completed)

In submitting this recommendation, I agree to verify any relevant details of completed training or experience if and when required by AuctionsPlus.

Full Name: _____

Signature: _____

Date: _____

Mobile Number: _____

Email: _____