

# Statutory Declaration – Companies

To give notice of the name and address of some other person who was in charge of the vehicle or vessel concerned at all relevant times relating to the offence.

- NOTE:**
- Print clearly in CAPITAL letters using a black or blue pen.
  - Complete and return this form by the due date on the penalty notice or letter. Do NOT make payment as a new penalty notice will be issued to the person you name.

I, \_\_\_\_\_  
 (Full name of person completing this form on behalf of the company/organisation named on the penalty notice)

Position in company \_\_\_\_\_

**am an authorised officer of**

Company name \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_ Phone no. \_\_\_\_\_

**and give notice that** at the time of the offence:

Surname of person or name of company \_\_\_\_\_  
 \_\_\_\_\_

Given name(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Phone no. \_\_\_\_\_ Company ABN/ACN \_\_\_\_\_

Date of birth (dd mm yyyy) \_\_\_\_\_ Licence no. \_\_\_\_\_ State/country of issue \_\_\_\_\_

(Please put a 'X' in the appropriate box)

- was the driver/person responsible OR  was the vehicle owner OR  was leasing the vehicle

**I do solemnly and sincerely declare that the details above are correct and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.**

**Declarant** (My name is at the top of this notice)

Declared at (Suburb/place) \_\_\_\_\_

In the state of \_\_\_\_\_ on (Date) \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Declarant's signature **X** \_\_\_\_\_

**Note:** A person who makes a statement or provides information in the above notice knowing it to be false or misleading in a material particular is liable to a penalty of up to \$5500.

**Witness** (Please put a 'X' in appropriate box)

- Justice of the Peace. JP No. \_\_\_\_\_
- Australian legal practitioner/Notary public/Commissioner of Affidavits
- Other authorised witness (if interstate/overseas) under the *Oaths Act 1900* or equivalent legislation under other jurisdictions. *Specify* \_\_\_\_\_

**I am satisfied as to the declarant's identity and the form is completed.**

Full name of witness \_\_\_\_\_

Witness' signature **X** \_\_\_\_\_

**PRIVACY**

The information in this form is required by SDRO to determine who is responsible for the fine. The information may be provided to the person you named, to third parties with your consent or as required or permitted by law. You may correct or update personal information by contacting SDRO.

**State Debt Recovery Office**

**Enquiries** 1300 138 118

**TTY** (02) 6354 7255

**Mail** PO Box 786 Strawberry Hills NSW 2012

**Email** fines@osr.nsw.gov.au

**Website** www.sdرو.nsw.gov.au