

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)

am an authorised officer of

Company name _____

Address _____ Phone no. _____

and give notice that the person named below was responsible for 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.) He/she:

- 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 _____

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 _____

Privacy statement

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.sdro.nsw.gov.au