

## Statutory Declaration – Individuals

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, Surname \_\_\_\_\_

Name(s) \_\_\_\_\_  
(Person named on the penalty notice)

Address \_\_\_\_\_

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

**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

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

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

RETURN THIS DOCUMENT BY POST, DO NOT FAX.