

Statutory Declaration – Companies

To give notice of the name and address of some other person who was in charge of the vehicle or vessel at the time of the offence(s), if they occurred at the same time.

- 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. _____ Date of birth (dd mm yyyy) _____

Licence no. _____

State/country of issue _____ Company ABN/ACN _____

(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 make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900

Note: A person who makes a false or misleading declaration is liable to a penalty of up to \$5500.

Declared at _____ on ____ / ____ / 20 ____ X _____
(Place) (Date) (Signature of declarant)

in the presence of an authorised witness, who states:

I, _____, a _____
(Name of authorised witness) (Qualification: Legal practitioner/Justice of the Peace – provide JP number)

certify the following matters concerning the making of this statutory declaration by the person who made it

(*please cross out any text that does not apply):

1. *I saw the face of the person OR

*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2. *I have known the person for at least 12 months OR

*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____

(Describe identification document relied on)

X _____
(Signature of authorised witness)

____ / ____ / 20 ____
(Date)

Privacy statement

Information collected from you for the purpose stated on this form may be provided to third parties with your consent or as required or permitted by law. OSR will correct or update your personal information at your request. Read more about privacy at www.osr.nsw.gov.au

POST THIS DOCUMENT TO STATE DEBT RECOVERY OFFICE, PO BOX 786, STRAWBERRY HILLS NSW 2012. DO NOT FAX.