

Tolling Notice Statutory Declaration – Companies

Use this form to give notice of the name and address of the driver who was in charge of the vehicle at the time of the trip.

- Print clearly in CAPITAL letters using black pen.
- The original Toll Notice or a copy **must** be enclosed.
- Completed form **must** be received at least 7 days before the due date on the toll notice.

Toll Notice number: [] - [] Vehicle registration number: []

I, [full name of person completing this form on behalf of the Company/organisation named on the toll notice]

am an authorised officer of

Company name: []

Company address: []

Phone number: [] Toll Notice has been enclosed

give notice that the person named below was responsible for the trip:

Surname or Company name: []

Given name(s): [] Date of birth: [] / [] / []
day month year

Mailing address: []

Suburb: [] State: [] Postcode: []

Driver licence no.: [] State/country of issue: []

Phone number: [] Company ABN/ACN: []
(if applicable)

He / she (Please tick appropriate box)

was the driver responsible for toll Was the new owner from: [] / [] / [] Was the previous owner until: [] / [] / []
day month year day month year

Note: A person who makes a false statement or misleading declaration is liable to a penalty of up to \$5,500.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at [place] [] on [date] [] / [] / []
day month year

Signature of declarant: []

in the presence of an authorised witness, who states:

I, [name of authorised witness] []

a [qualification of authorised witness]: Legal practitioner / Justice of the Peace [supply 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] []

Signature of authorised witness: [] Date: [] / [] / []
day month year

Privacy statement

Roads and Maritime Services (RMS) is collecting your personal information in order to consider your toll objection and may retain it for tolling purposes. Providing your personal information is voluntary but RMS cannot consider your objection without it. RMS may disclose the details of your objection and your name and address for the purpose of verifying your objection, including to the person that you have nominated as responsible for the toll. Otherwise RMS will not disclose your personal information without your consent unless authorised by law. Your personal information will be held by the RMS at 20-44 Ennis Road, Milsons Point NSW 2061 and generally you can contact RMS to access or correct it.

Please return this form to:

Toll Compliance Management, Locked Bag 5004, Parramatta NSW 2124