

# Organisation Application for Authorisation to use the Multiple Driver Licence and Demerit Point Enquiry

This document is used for the enrolment of heavy vehicle operators in the Heavy Vehicle Operator Safety Information Program (HVOSIP). It must be read with Multiple Driver Licence and Demerit Point Enquiry Disclosure Agreement.

**1. Organisation details**

Full legal name of applicant (e.g. Smythe Trucking Pty Ltd)

Business/Trading name

Customer number

Business address

  
  


Postcode

Postal address

  


Postcode

ACN

ABN

Contact telephone number

Contact facsimile number



Contact email address

**2. Provide the reason why you need this service**

  
  
  


3.  I am a heavy vehicle operator

**4. Security Administrator's details** - Person nominated by the Organisation as responsible for administering access.

Family name (please print)

Given names (all names are required - please print)

NSW Driver's Licence (or Customer Number)

Signature

Date

**5. Authorised representative's details**

Family name (please print)

Given names (all names are required - please print)

Position

(e.g. Director, Company Secretary, Partner, Sole Trader Owner)

**6. Authorised representative declaration**

(Must be signed by the Director or Organisation's representative)

I declare that the information provided on this form is true and complete and I understand that the submission of this application does not guarantee authorisation to use the Multiple Driver Licence and Demerit Point Enquiry. I have authority to make this declaration and to bind the Organisation in relation to the use of the system.

I have read and understand the Multiple Driver Licence and Demerit Point Enquiry Agreement and agree that the Organisation will be bound by them and not to do anything that would cause the Organisation to be in breach.

Signature

Date

**email completed form to:**

Roads and Maritime Services, Customer Liaison & Document Verification | E [DLC@rms.nsw.gov.au](mailto:DLC@rms.nsw.gov.au)

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**Office Use Only**

Recording officer's name

Staff No.

Signature

Date