

# RMS Towing Invoice 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 invoice or a copy **must** be enclosed.
- Completed form **must** be received at least 7 days before the due date on the towing invoice. You must provide the name and address of the company you wish to nominate.

Towing Invoice number: [ ] - [ ] Vehicle registration number: [ ]

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

am an authorised officer of

Company name: [ ]

Company address: [ ]

Phone number: [ ]  Towing invoice 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: [ ]

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

Drivers licence number: [ ]

State/country of issue of drivers licence: [ ]

He / she (Please tick appropriate box )

was the driver responsible for the towing invoice

Was the new owner from: [ ] / [ ] / [ ]  
day month year

Was the previous owner until: [ ] / [ ] / [ ]  
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 [ ] on [ ] / [ ] / 20 [ ] X  
(Place) (Date) (Signature of declarant)

in the presence of an authorised witness, who states:

I, [ ] (Name of authorised witness) a, [ ] (Qualifications/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 [ ] / [ ] / 20 [ ]  
(Signature of authorised witness) (Date)

## Privacy statement

Roads and Maritime Services (RMS) is collecting your personal information to process your request/application. RMS may disclose the details of your objection and your name and address for the purpose of verifying your request/application, including to the person that you have nominated as responsible for the Towing invoice. Otherwise RMS will not disclose your personal information without your consent unless authorised by law.

Please return this form to:

Debt Recovery Unit, PO Box 533, Burwood NSW 1805