

Hearing or speech impaired?

Call us on the National Relay Service: TTY users phone 13 36 77 then ask for 13 22 13.
Speak and Listen users phone 1300 555 727 and ask for 13 22 13.

HOW TO USE THIS FORM

- This form can only be used by solicitors to obtain the name and address of the owner of a vessel involved in an accident in order for the solicitor to assess, commence or defend a legal claim concerning that accident.
- If you are not a solicitor, or if you require the information for a different purpose, or you require other information, then please lodge a [Form 5166 Government Information \(Public Access\) Act Application](#) or, in case of litigation, serve a **subpoena**.
- If you want to obtain a copy of your own personal information please complete [Form 943 Access to Personal Records Application](#)

1 Solicitor name

Law Society member number

Name of law firm

Address of law firm

 Postcode

Phone number

Your reference number

2 Details of required information

Date of accident

Vessel registration number

Licence number

Name of licence holder

Reason for requiring information

(must be consistent with declaration below)

3 What information is requested

4 Solicitor's declaration

I,, Solicitor of Supreme Court of New South Wales hereby undertake that I will use the information provided by Roads and Maritime Services solely for the purpose of assessing, defending or commencing a legal claim in respect of a vessel incident and/or accident. I will not access or use the information for any other purpose including, but not limited to, debt recovery (other than to enforce a judgment arising from legal proceedings in respect of a vessel incident and/or accident).

Signature

Date

5 Privacy statement and applicant's declaration

Roads and Maritime Services is subject to the *Privacy and Personal Information Protection Act 1998* (PIIP Act) which requires us to comply with the Information Protection Principles set out in the PIIP Act.

Your personal information is being collected in order to request information in accordance with this form. The provision of your personal information is voluntary. However, failure to provide the information will result in the request not being processed.

Your personal information will be held by us at 20-44 Ennis Road, Milsons Point NSW 2061. You have the right of access to and correction of your information.

I declare that the information provided in this form is true and complete. I also consent to Roads and Maritime verifying any of the information provided in this form.

Signature

Date

Take the completed request for information application to your nearest registry/service centre or send it to:

**The Compliance Coordinator
State-wide Coordination Branch
Roads and Maritime Services
Locked Bag 5100
CAMPERDOWN NSW 1450**

A fax service is available on +61 02 9545 3648. Include copies of proof of identity (POI) documents.

A brochure detailing acceptable POI documents is available on the Roads and Maritime web site at <http://www.rms.nsw.gov.au/maritime/licence/poi.html>

Office use only

Proof of Identity Record

Stand alone or primary proof

Document number

Secondary proof *(if necessary)*

Document number

Certified by:

Customer service representative name *(print)*

Registry/service centre

Customer service representative signature

Staff number

Date

day / month / year