

# 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. You must provide the name and address of the organisation you wish to nominate.

**OFFICE USE ONLY**

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

*if multiple Toll Notice numbers for the same vehicle registration number above, please write 'as attached', and list the numbers on a separate page attached to this form.*

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

**am an authorised officer of**

Organisation name: [ ]

Organisation address: [ ]

Phone number: [ ]  Toll Notice has been enclosed

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

Surname or organisation name: [ ]

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

Mailing address: [ ]

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

Country: [ ]

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

**person** (Please tick ONE of the following three boxes as appropriate)

- was the driver, person or organisation responsible for toll
- 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 or criminal prosecution.

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

**Personal Information Collection Notice**

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. Find out why we collect your personal information and how we use and manage it by reading our privacy statement at [www.transport.nsw.gov.au/privacy-statement](http://www.transport.nsw.gov.au/privacy-statement) or phone 13 22 13 to request a copy.

By submitting this nomination, you agree that Transport for NSW may provide your details to the nominee.

Please return this form to: Toll Compliance Management, Locked Bag 5004, Parramatta NSW 2124