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| Infringement Number |  |  |  |  |  |  |  |  |  |  |  | Vehicle Registration Number |  |  |  |  |  |  |  |

**NOMINATION STATEMENT**

go to **B**

 **Please list your name and address details and then**

A

**Full Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Corporation name and ACN (if applicable)**

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**Address of person/Corporation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 **I declare that I was not driving or in possession or control of the vehicle at the time of the offence because (select option):**

B

|  |  |  |  |  |  |  |  |  |  |
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| Someone else was the driver in possession or control of the vehicle at the time of the offencego to **C** | I sold this vehicle to someone else or permanently disposed of the vehicle on this date:

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| --- | --- | --- | --- | --- |
|  | **/** |  | **/** |  |

go to **C** | I believe the vehicle or number plates displayed on the vehicle were stolen.**Note: You must attach Police Report**go to **E** | I do not know and cannot identify the person in possession of the vehicle at the time of the offence. **Note: This statement cannot be selected where the offence involves a taxi-cab.**go to **D** | I was incorrectly nominated as the responsible person in relation to the vehicle and I reject the nomination. go to **D** |

 **List the details of the person or corporation who was in possession or control of the vehicle at the time of the offence.**

C

**Surname / Corporation name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 **First name / Corporation ACN**

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 **Address of person / Corporation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Drive licence / Permit Number State / Country of issue Date of birth**

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|  |  |  |  |  |  |  |  |  |  |  |  | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y**go to **E** |

Please Note: Nominating a person who resides outside of Australia cannot be accepted by Council. Should the person who was in control of the motor vehicle at the time of the offence reside outside of Australia, owner onus applies and therefore you are liable for the infringement.

 **Tell us what reasonable and diligent enquiries you’ve made to try to identify the person in possession or control of the vehicle at the time of the offence, or why you are rejecting the nomination**

D

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Note: Failure to keep a record of who was in possession or control of the vehicle involved in the offence is not an adequate reason unless you can prove exceptional circumstances. If the offence involves a taxi-cab, you cannot nominate another person if you are recorded as the driver in the operator’s records, and you cannot claim you are not aware of, or cannot identify the driver. If you need additional writing space, please attach a signed extra page.

go to **E**

 **Confirm the details provided are correct and sign to complete nomination statement:**

E

It is an offence under the Road Safety Act 1986 (which may carry a fine in excess of $9,000 and potential licence loss for an individual, or a fine in excess of $18,000 for a body corporate) to knowingly provide false or misleading information in a nomination statement. I understand that I may be served with a summons to give evidence in relation to this nomination.

 **Your signature Date**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **🖉** |  | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |

**REQUEST A COURT HEARING**

**I decline to have this matter dealt with under these enforcement provisions and want to have the matter heard and determined by a Court. I understand I may receive a summons for this offence.**

**Full Name Your driver licence**

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**Corporation name and ACN (if applicable) Date of birth**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Address (Court summons will be sent here)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Email**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Mobile number Your signature Date**

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