Operator Onus Form

1. Applicant Details

Full name: Postal address of applicant: Phone number:

State:

Post Code:

Infringement number:

2. Reasoning

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

Someone else was the driver in possession or control of the vehicle at the time of the offence.

I sold this vehicle to someone else or permanently disposed of the vehicle on this date:

I believe the vehicle or number plates displayed on the vehicle were stolen. Police Ref No.

I do not know and cannot identify the person in possession of the vehicle at the time of the offence.

This statement cannot be selected where the offence involves a taxi-cab.

I was incorrectly nominated as the responsible person in relation to the vehicle and I reject the nomination.

3. Operator Details

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

Surname/Corporation name:

First name/Corporation ACN:

Address:

Date of Birth:

Driver licence number:

Taxi DC number (if applicable):

Note: This statement will be rejected if you don't provide a driver licence number or date of birth for a nominated individual or an ACN for a nominated corporation. If the vehicle is a taxi-cab, you must provide the driver's accreditation number.

4. Person in Posession Identity

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.

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 an extra page.

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www.latrobe.vic.gov.au PO Box 264, Morwell 3840 141 Commercial Road, Morwell latrobe@latrobe.vic.gov.au

ABN: 92 472 314 133 Telephone: 1300 367 700



Post Code:

State/Country of issue:

State:

Operator Onus Form

5. Confirmation of Details

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

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.

Signature:

Date:

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