



HOW TO COMPLETE THIS FORM

1. Complete the form relevant to your situation. Do not make payment if submitting this form.

2. Send to: **Moreland City Council**
Locked Bag 10
Moreland VIC 3058
 Or email to: **csaenquiries@moreland.vic.gov.au**

Please list your Infringement number below before submitting your application.

Infringement notice number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

NOMINATION STATEMENT

A Please list your name and address details and then go to B

Full name

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Corporation name and ACN (if applicable)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Address of person / Corporation

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

State

| | | |
|--|--|--|
| | | |
|--|--|--|

 Postcode

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

| | | | | | | | | | |
|--|---|--|---|--|---|--|--|--|--|
| <input type="checkbox"/> Someone else was the driver in possession or control of the vehicle at the time of the offence. <p style="text-align: right;">go to C</p> | <input type="checkbox"/> I sold this vehicle to someone else or permanently disposed of the vehicle on this date: <div style="text-align: center; margin-top: 5px;"> <table border="1"> <tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr> </table> </div> <p style="text-align: right;">go to C</p> | | / | | / | | <input type="checkbox"/> I believe the vehicle or number plates displayed on the vehicle were stolen. Note: You must attach Police Report. <p style="text-align: right;">go to E</p> | <input type="checkbox"/> I do not know and cannot identify the person in possession of the vehicle at the time of the offence. <p style="text-align: right;">go to D</p> | <input type="checkbox"/> I was incorrectly nominated as the responsible person in relation to the vehicle and I reject the nomination. <p style="text-align: right;">go to D</p> |
| | / | | / | | | | | | |

C 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 of person / Corporation

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

State

| | | |
|--|--|--|
| | | |
|--|--|--|

 Postcode

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Driver licence / Permit Number

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

 State / Country of issue

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

 Date of birth

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

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. **go to E**

D 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 you need additional writing space, please see reverse of this form. **go to E**

E 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.

I am the registered owner of the vehicle Yes No

Date

Your signature



| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

OR

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

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Corporation name and ACN (if applicable)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Address (Court summons will be sent here)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

State

| | | |
|--|--|--|
| | | |
|--|--|--|

 Postcode

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Your driver licence

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Date of birth

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Email

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Mobile number

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Your signature

| |
|--|
| |
|--|

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

