HOW TO COMPLETE THIS FORM

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

2. Send to: Mildura Rural City Council PO Box 105 Mildura VIC 3502

3. You will receive a notification in the mail to let you know the outcome of your application.



Infringement:	
Vehicle Registration:	

NOMINATION STATEMENT		ATION OF		
INCHINALICHE STATEMENT				
	INCIPULIA	A I IIII - 3 I		

A				on/the corporation in posses	ssion or control of the
	Someone else was the driver in possession or control of the vehicle at the time of the alleged 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. Note: You must attach Police Report or	I do not know and cannot identify the person in possession of the vehicle at the time of the alleged offence. Note: This statement cannot be selected where the alleged	I was incorrectly nominated as the responsible person in relation to the vehicle and I reject the nomination.
		, ,	Reference Number	offence involves a	
	go to B	go to B	go to D	go to C	go to C
В	List the details of the per	son or corporation who w	as in possession or contr	ol of the vehicle at the time	of the alleged offence.
	Surname / Corporation name				
	First name / Corporation ACI	N .			
	Address of person / Corpora	tion			
				State	Postcode
	Driver licence / Permit Numb	per State / Country of	fissue Date of birth	Tax	i DC Number (if applicable)
			D D / M	M	
					go to D
D	if you are recorded as the driv If you need additional wri Confirm the name and ad It is an offence under the Roa excess of \$18,000 for a body I understand that I may be se	ver in the operator's records, and ting space, please attach and ting space, please attach and ting space, please of the person/comp d Safety Act 1986 (which may corporate) to knowingly provid with a summons to give experience.	nd you cannot claim you are not signed extra page. Deany named on the infring carry a fine in excess of \$9,000 de false or misleading informatividence in relation to this non	D and potential licence loss for ar tion in a nomination statement. nination.	go to D
	Name/Company:	Yo	our full name/company officer	name Your signature	
	Address:				
				Date D M	M
	Enter your name and address	s. If this address is different to	what is currently at VicRoads	s or your relevant licensing auth	ority please notify them.
			—— OR ———		
l de Cou	rt. I understand I may recei	alt with under these enfo		ant to have the matter hear	•
Surn	name			Your driver I	Icence
First	name			Date of birth	1
				D D	M M / Y Y Y
Addı	ress				
				State Pos	stcode
Ema	il				
Mah	ile number		Vour signature	Data	
GOIVI	nie iluliibei		Your signature	Date D D M	M