

IMPORTANT INFORMATION FROM ROADS AND MARITIME SERVICES

To avoid delays in processing your application, please read this form carefully, and fill it in completely.

Roads and Maritime Services (RMS) requires that personal information is provided as part of this application. The information is used solely by RMS to assess eligibility for a scrap metals exemption authority under the *Tow Truck Industry Act 1998*.

The application will only be assessed if all the required information is provided, payment of the required fee has been made and the declaration on the final page is signed by all relevant persons. In the course of assessing the application RMS may need to consult/share information with other government or private sector organisations.

The information provided by you will be retained at RMS and may be available for inspection upon written request by the authority holder. Information contained within the application may be placed on an annual register that is available to the public.

If you need help with any part of this application, please contact the Tow Truck Licensing Team;
Ph 1300 131 134; Fax (02) 8849 2075

Before your application can be processed you **MUST** supply all the requested documentation (see page 4) and it must be current and in the name of the applicant.

Your application must be accompanied by payment of the correct fee.

A full list of current fees and charges is available on the RMS website. The fee contains a non-refundable application fee which is retained by RMS if your application is refused.

Roads and Maritime Services accepts the following forms of payment:

- MasterCard, Visa, Amex, Diners Club International - *See credit card slip on page 4 of this form*
- Cash and Eftpos - *Only accepted for applications made over the counter.*
- Money Order
- Bank Cheque
- Personal Cheque

ALL CHEQUES/ MONEY ORDERS MADE PAYABLE to: Roads and Maritime Services

Please return this form to:

Mail to: Tow Truck Licensing and Compliance, Locked Bag 5054, Parramatta NSW 2124

www.rms.nsw.gov.au | 13 22 13 | T 1300 131 134 | F 02 8849 2075 | E towtrucks@rms.nsw.gov.au

Section 1. Applicant Details

a. Please specify type of business (✓):

Company (give details below)

Name of company

Partnership

Sole Trader

b. Registered business name (1)

Business name (2)

Business name (3)

Business name (4)

c. A.C.N.

d. A.B.N. (must be registered to applicant)

e. Business address

Postcode

f. Postal address (if different from above)

Postcode

g. Phone

h. Fax

i. Mobile

j. Email

k. Do you hold, or have you ever held a tow truck operators licence in NSW? (✓)

No

Licence number

Yes, give details:

Section 2. Director's / Partner's / Sole Trader's Shareholder's / Close Associate's Details

Please give details for each person who is a director of your company, a partner in your business, and/or a close associate of your business. If you are a sole trader you must include your personal details. A close associate is defined in section 5 of the Act to mean a person who has a 'relevant interest' in your business. This could include a **person who has a financial interest in your business** (such as a person who has invested in your business and/or is entitled to receive an income from your business), or a **person who makes decisions that can impact on your business** (such as a person you employ in a managerial position). If insufficient space, please attach additional details.

Full name (1)

Residential Address

Postcode

Date of birth

Relationship to business

Previous name used (if applicable)

Full name (2)

Residential Address

Postcode

Date of birth

Relationship to business

Previous name used (if applicable)

Full name (3)

Residential Address

Postcode

Date of birth

Relationship to business

Previous name used (if applicable)

Section 3. Criminal History

RMS is required to check with police regarding any criminal history for an applicant. If any of the persons listed in Section 2 have lived outside of NSW or overseas within the past 10 years, the person(s) must provide the original of a national criminal history record check from the relevant police for that period in that jurisdiction.

Note: If you currently reside in a state or territory other than NSW these documents must be dated within 6 weeks of the date of receipt of this application.

Note: Criminal history checks must be issued by police.

Section 4. Tow Truck Drivers

Under section 6(3) of the *Tow Truck Industry Act 1998* and clause 25C(2)(h) of the *Tow Truck Industry Regulation 2008* all scrap metal exemption authority applicants must provide details of all tow truck drivers that are employed or engaged by the applicant to use or operate tow trucks as part of the applicant's business. If insufficient space, please attach additional details.

Full name (1)

Driver licence no.

Date of birth

Full name (2)

Driver licence no.

Date of birth

Full name (3)

Driver licence no.

Date of birth

Full name (4)

Driver licence no.

Date of birth

Full name (5)

Driver licence no.

Date of birth

Full name (6)

Driver licence no.

Date of birth

Full name (7)

Driver licence no.

Date of birth

Full name (8)

Driver licence no.

Date of birth

Section 5. Vehicles

You must provide details of vehicles that you either (a) currently operate, or (b) intend to operate, under the exemption authority. If insufficient space, please attach additional vehicle details.

PLEASE NOTE: Trucks must be fixed flatbed trucks fitted with cranes. Tilt tray type trucks are **not** eligible. Photos of the trucks are required.

Vehicle rego no.

Make and type

Vehicle rego no.

Make and type

Vehicle rego no.

Make and type

Vehicle rego no.

Make & type

Vehicle rego no.

Make and type

Vehicle rego no.

Make and type

Section 6. Declaration - must be completed by each person listed in Section 2.

WARNING:

Please read carefully before you sign. If you do not tell the truth you could be fined. Maximum penalty \$5,500 or imprisonment for 6 months or both.

I / we authorise Roads and Maritime Services (RMS) to obtain information and/or records, including but not limited to, my driving licence records and the currency of my driver licence, criminal records, charges pending, events and transcripts of proceedings against me, from it's own records or the relevant Australian and/or overseas agencies. I understand that RMS may legitimately use this information to determine the outcome of this application for a scrap metal exemption authority and in the administration of that exemption authority.

I / we acknowledge that information may be placed on an annual register open to the public.

I / we declare that the information contained in this application is true and correct in every detail. I / we consent to the disclosure of information needed to verify the contents of this application.

I / we declare that all tow trucks operated under the authority are crane type vehicles that solely transport motor vehicles destined for scrap metal recycling and not destined for repair, reuse or resale in their original form or as parts.

Name (1)

Signature

Date

Name (2)

Signature

Date

Name (3)

Signature

Date

Would you like to collect your exemption authority and signs from a motor registry?

Yes - which Motor Registry in NSW would you like to collect them from?

No, please post

Your authority will not be issued unless you supply the following documentation with your application: (all documents must be current and in the name of applicant)

Section 1.

- Certificate of Incorporation (for a Pty Ltd company)
- Registration of Business Name for Trading Name(s)
- Certificate of Currency for public liability insurance for your place of business

Section 2.

- Latest Annual Company Statement which shows current directors' and shareholders' details (for a Pty Ltd company)

Section 3.

- Original print-out of interstate/ overseas criminal record(s) if applicable and must be dated within 6 weeks of the date of the receipt of this application.

Section 5.

- Copy of current vehicle registration papers
- Photos of vehicles showing registration number and crane.

Credit Card Payment Voucher

Please charge the full cost of \$_____ for the enclosed Exemption Authority Application to my credit card.

Applicant name: _____
(if the same as card holder please leave blank)

Address: _____

Card type (tick) Mastercard Amex Visa Diners Club International

Card number: - - - Expiry date: /

Name on card: _____

Address: _____

Signature of card holder: _____ Date: / /

Please ensure your card number is quoted correctly. The application will not be accepted without full payment.