

Please complete the **white** sections of this form and sign below. Please print clearly in ink using BLOCK letters.

## Release of Information to a Third Person

### Your Personal Details

Surname					Given Name(s)															
Company Name and ACN <i>(if applicable)</i>																				
Home <i>(or company)</i> Address																				
												Postcode								
Garaged Address <i>(if different from above)</i>																				
												Postcode								
Home Phone					Work Phone															
Date of Birth			D	D	M	M	Y	Y	Y	Y	Driver's Licence No									
Registration Number										VIN No										

### Hereby Consent to Release *(records kept by VicRoads)*

Registration    
  Licence    
 **Note:** Licence details include any convictions or other information recorded against my name relevant either in Victoria or elsewhere,

to:

Surname					Given Name(s)												
Company Name, Organisation or Agency																	
Address																	
												Postcode					
Contact Name					Contact Phone					Fax Number							
Account Number					Reference												

### Deed of Indemnity

In consideration of VicRoads releasing details of any convictions or other information recorded against my name, I hereby indemnify VicRoads, it's servants and agents against all liability and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever, which may be taken or made in respect of the release or use hereunder of any details of any conviction or other information purporting to either relate to or involve me. I hereby consent to release the information to the interested party.

All the information provided is true and correct. Any information given or document submitted with this application, or a copy of such application may be disclosed or used for investigation, law enforcement and other purposes in accordance with the Road Safety Act.

This authorisation is valid for twelve (12) months from date of signing.

Signature of Record Holder being Searched					Signature of Witness															
					Printed Name of Witness															
Date			D	D	M	M	Y	Y	Y	Y	Licence Number of Witness									