

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	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	Licence Number of Witness