

PO Box 1034
BANKSTOWN NSW 1885
T 02 9722 6600
F 02 8580 5792
licensing@hrnsw.com.au
www.hrnsw.com.au

HRNSW LICENCE UPGRADE APPLICATION

ADDITION: C GRADE DRIVER TO EXISTING TRAINER'S LICENCE

Please note that this Licence Upgrade Application is to be completed in full and returned to Harness Racing NSW for processing. Forms received that are either incomplete or incorrectly filled in will be returned to the applicant unprocessed. Please ensure that you provide payment details below to cover the \$110 licence upgrade fee.

LICENCE UPGRADE APPLICATION CHECKLIST													
Mark boxes with eithe	r a V or X as appropri	ate:											
I hold a	I hold a current Trainer's licence with HRNSW;												
I have h	I have held a valid licence with HRNSW for a minimum of six (6) calendar months;												
I have u	I have undertaken a HRNSW Medical Assessment during the last six (6) calendar months (see note below);												
I have undertaken a Cognitive Test and have enrolled in the HRNSW Education & Welfare Program.													
lf you have no	t undertaken a HRNSW M	edical Ass	essment during the las	t six month:	s you m	ay be requi	red to do s	so as po	art of the ove	erall licence (upgra	de process.	
Note that all Licence Uinformation and/or un			•			-	-		_	tee which i	may r	necessitate further	
Further information re HRNSW Licencing Poli subsequent to receipt Please allow between Applications received considered.	cy (available at <u>www.h</u> and processing of this 2 – 6 weeks for the pi	rnsw.co Licence ocessing	om.au or by contacti Upgrade Application g of your Licence U	ing Harne on. Ipgrade A _l	ss Raci pplicati	ing NSW)	full detai ndent up	ils of v	which will b	oe made av date). Not	vailab e tha	ole to the applicant at Licence Upgrade	
			APPLICA	ANT INFO	RMA	TION							
Title	Surname Given Names												
Residential Address												Post Code	
Postal Address (if dif	ferent from residentia	l)									Ī	Post Code	
Home Phone	hone Work Phone								Fax Number				
Mobile Number	Mobile Number Date				Date of Birth			lace of Birth					
email address		J				L							
Signature of Applicant					Date						nce Number		
	CR	EDIT C	ARD PAYMENT O	PTION (\	/ISA O	R MAST	ERCARD	ONI	LY)				
Card Number:	mber:												
Expiry Date :	: CVV (3 digit value printed on back of card)												
Cardholders Name :	ders Name : Cardholders Signature:												