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HRNSW LICENCE UPGRADE APPLICATION

C GRADE TRAINER TO B GRADE TRAINER

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.

LICENCE UPGRADE APPLICATION CHECKLIST

| Mark boxes with either a \checkmark or X as appropriate: | | | |
|---|------------|----------------|----------------|
| I hold a current C Grade Trainer's licence with HRNSW, and have successfully undertaken a formal Stewards Practical Assessment and Stable Inspection | | | |
| I have undertaken a HRNSW Medical Assessment during the last six (6) calendar months (see note below) | | | |
| If you have not undertaken a HRNSW Medical Assessment during the last six months you may be required to do so as part of the overall licence upgrade process. | | | |
| Note that all Licence Upgrade Applications submitted are subject to review by the Harness Racing NSW Licencing Committee which may necessitate furthe information and/or undertakings on your part prior to a Licence Upgrade Application being considered or approved. | | | |
| Further information regarding the documentary and training requirements associated with the licence upgrade you have applied for are contained in the HRNSV Licencing Policy (available at www.hrnsw.com.au or by contacting Harness Racing NSW) full details of which will be made available to the applicant subsequent to receipt and processing of this Licence Upgrade Application. | | | |
| Please allow between 2 – 6 weeks for the processing of your Licence Upgrade Application (dependent upon lodgement date). Note that Licence Upgrade Applications received during the annual renewal processing period may be held until existing participant licence renewals have been finalised before being considered. | | | |
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| APPLICANT INFORMATION | | | |
| Title Surname | | Given Names | |
| Residential Address | | | Post Code |
| Postal Address (if different from residential) Post Code | | | |
| | | | |
| Home Phone Wor | rk Phone | Fax Nun | ıber |
| Mobile Number Date | e of Birth | Place of Birth | |
| email address | | | |
| Signature of Applicant | Date | | Licence Number |
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