

HRNSW LICENCE UPGRADE APPLICATION

ADDITION : C GRADE TRAINER TO EXISTING DRIVER'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 either a **V** or **X** as appropriate:

- I hold a current Driver's licence with HRNSW
- I have held a valid licence with HRNSW for a minimum of six (6) calendar months
- I have attained the age of eighteen (18) years
- 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 will necessitate further information and/or undertakings on your part prior to a licence upgrade application being considered or approved.

Further information regarding the requirements associated with the licence upgrade you have applied for are contained in the HRNSW Licencing Policy (available at www.hrnsw.com.au or by contacting Harness Racing NSW) full details of which will be posted out to you 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 (July – September) may be held until existing participant licence renewals have been finalised before being considered.

APPLICANT INFORMATION

Title	Surname	Given Names	
Residential Address			Post Code
Postal Address (if different from residential)			Post Code
Home Phone	Work Phone	Fax Number	
Mobile Number	Date of Birth	Place of Birth	
email address			
Signature of Applicant		Date	Licence Number

CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY)

Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date :	<input type="text"/>	CVV (3 digit value printed on back of card)	<input type="text"/>	<input type="text"/>
Cardholders Name :	_____		Cardholders Signature:	_____