

HRNSW LICENCE UPGRADE APPLICATION C GRADE DRIVER TO B GRADE DRIVER

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 Driver's licence with HRNSW.				
I have attained the age of sixteen (16) years				
I have completed the require twenty (20) Trial Drives as required (attached completed form if available)				
I have all successfully completed all required modules associated with the HRNSW Online Training Program				
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.				
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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 HRSNW Licencing Policy (available at <u>www.hrnsw.com.au</u> 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	D	Licer	nce Number	