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## HRNSW LICENCE UPGRADE APPLICATION

## **B GRADE DRIVER – "C" & "M" CLASS METROPOLITAN TROTTERS ELIGIBILITY**

incomplete or i	ncorrect	ly filled in will be retur	ned to th	ne applicant unprocessed. Note the complete and may be reviewed and/or re	at this app	olication, if	succe	- · ·			
LICENCE UPGRADE APPLICATION CHECKLIST											
Mark boxes wit	th either	a <b>V</b> or <b>X</b> as appropriat	te:								
	I currently hold a B Grade Driver's licence, and have held this licence level for a period of not less than twelve (12) consecutive months										
	I have completed one hundred (100) drives										
	I have dri	iven ten (10) winners									
I have not incurred two (2) or more suspensions for driving related matters in the past one hundred (100) drives											
I have not incurred six (6) or more infringements for driving related matters in the past one hundred (100) drives											
I have not failed any breathalyser or drug test under the Rule within the past eighteen (18) months											
I have undertaken a HRNSW medical assessment during the last six (6) calendar months (see note below)											
► If yo	u have not	t undertaken a HRNSW Me	edical Ass	essment during the last six months you	may be rea	uired to do s	so as p	art of the overall licence upar	rade	process.	
Note that all li	cence up	ograde applications su	bmitted	are subject to review by the Ha	rness Raci	ng NSW Li	icencii	ng Committee which ma			
information an	d/or und	ertakings on your part	prior to	a licence upgrade application bein	g consider	ed or appr	roved.				
	_			iated with the licence upgrade you g NSW) full details of which will be							
		· · · · · · · · · · · · · · · · · · ·	_	of your upgrade application (depe t – September) will be held until	-	_					
considered.					· .						
				APPLICANT INFORM	ATION						
Title		Surname			Given	Names					
Residential A	ddress									Post Code	
Postal Addres	ss (if diffe	erent from residential)								Post Code	
Home Phone				Work Phone				Fax Number			
Mobile Number			<u>.</u>	Date of Birth		Place of	Birth				

Date

email address

Signature of Applicant

Licence Number