



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

ONLINE LICENCE TRAINING FORM

Please complete this form in full and return to Harness Racing NSW so that you can be registered for online training (you will be sent an email with logon details once payment has been processed).

| 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 | | | |

I acknowledge that payment of \$330.00 (including GST) must accompany this form before I am issued with logon details. I additionally acknowledge that, once I have successfully completed all required modules, I am to advise Harness Racing NSW accordingly.

| | | |
|------------------------|------|----------------|
| Signature of Applicant | Date | Licence Number |
|------------------------|------|----------------|

| LEVEL OF LICENCE BEING APPLIED FOR | | | |
|--|---|---|---|
| Tick <input checked="" type="checkbox"/> as applicable | <input type="checkbox"/> C Grade Trainer / Driver | <input type="checkbox"/> C Grade Trainer | <input type="checkbox"/> C Grade Driver |
| CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY) | | | |
| Card Number: | <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"/> |
| Cardholders Name : | Cardholders Signature: <input type="text"/> | | |