

APPLICATION FOR TRAINER'S LICENCE AND/OR DRIVER'S LICENCE

Title (Mrs, Ms, Miss etc) ----- Name in Full -----

Type of licence required -----

State if licensed before ----- If so when ----- Date of birth -----

Name & address of present employer -----

Have you ever been refused a licence? -----

Have you ever been disqualified? -----

Has your name ever appeared on the Unpaid Forfeit List? -----

Have you ever appeared before the Law Courts and been convicted of any offence? -----

If so, give place, date and details -----

Are you suffering from any physical disability, including eye deficiency? -----

Do you have an up to date copy of the NZ Rules of Harness Racing or access to the Rules and Regulations via the internet? -----

Are you currently enrolled in or graduated from a cadet scheme? -----

OFFICE USE ONLY

TRAINERS

Stable locality for race book details -----

Owner & address of training establishment -----

Registration numbers & make of sulkies -----

Registered name of horses in training at time of application -----

Please supply your bank account details for direct crediting

Bank/Branch

Account Number

Suffix

If you are GST registered, please supply your number

DRIVERS

Please supply your bank account details for direct crediting

Bank/Branch

Account Number

Suffix

Please supply your IRD Number

If you are GST registered, please supply your number

By signing this form –

(1) I hereby declare all particulars are true to the best of my knowledge and belief; and agree to be bound by the Rules of Harness Racing in force in New Zealand and the Driver Safety Policy as per the reverse side of this form.

(2) I declare that I have read and understand the Health & Safety Notice dated June 2019 which was sent to me with my licence application forms and which is in the Forms Section on the HRNZ website.

Privacy - Your personal information is collected to process your application, for HRNZ's purposes and functions, and to enforce any of the Rules & Regulations of HRNZ. Your information is held physically at HRNZ Inc, 17 Birmingham Drive, Christchurch, and electronically. Your information is available to all Board Members, office holders and employees of HRNZ. You have the right to request access to your personal information, and to request correction of any of your personal details. We publish the title, name initials, and last name of horse owners on our website (www.hrnz.co.nz), as well as on My HRNZ. HRNZ also shares published information with agencies who are involved in the Harness Racing Industry (including clubs) that are approved by us to receive such data. We will only disclose to agencies outside of New Zealand if we are satisfied that there are comparable privacy safeguards. If you do not wish for your information to be shared with third parties, please update your privacy settings by editing your profile on your My HRNZ login or contact HRNZ.

Driver Licence Holders

(1) I hereby give consent to a sample being obtained from me pursuant to Rule 313(5).

(2) Declare that I am using an approved safety helmet and an approved safety vest as per the Safety Gear Regulations.

(3) Declare that any approved sponsorship I receive does not include payment directly or indirectly for information relating to the past or future prospects of any horse.

SIGNATURE OF APPLICANT -----

Residential address -----

Postal address -----

Phone: Home ----- Business ----- Mobile -----

Email -----

Emergency Contact (Full Name) ----- DOB ----- Ph Number -----

Emergency Contact (Address) -----

Cardholder name: _____ Signature: _____