

## NZ Amateur Driving Association APPLICATION FOR ADVANCED AMATEUR HORSEMAN'S LICENCE

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

Licence required -----

State if licensed in any capacity before ----- If so when ----- Type of licence -----

Name & address of present employer -----

If you are associated with a licensed trainer's stable, please state who -----

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

Have you ever appeared before the law courts and been convicted of any offence? -----

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

**OFFICE USE ONLY**

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? -----

**HORSEMAN DETAILS FOR PAYMENT OF DRIVING FEES AT TRIALS**

Please supply your bank account details for direct crediting

Bank/Branch	Account Number	Suffix

Please supply your IRD Number

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If you are GST registered, please supply your number

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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 2018 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 in order to process your application for a licence, for HRNZ's purposes and functions, and to enforce any of the Rules & Regulations of HRNZ. Names and contact details of licence holders are published in the directory and are available on HRNZ's website ([www.hrnz.co.nz](http://www.hrnz.co.nz)) as well as on "My HRNZ". HRNZ also shares published information with third party agencies who are involved in the Harness Racing Industry and approved by us to receive such data. Please advise HRNZ ([admin@hrnz.co.nz](mailto:admin@hrnz.co.nz)) if you have any concerns about this publication and sharing of information. Your information is held at HRNZ Inc, 17 Birmingham Drive, Christchurch and is available to all Board Members, office holders and employees of HRNZ. You have the right to request access and to request correction of any of your personal details.*

Horseman Licence Holders

- (1) I hereby give consent to a sample of my blood, breath, urine, saliva or sweat 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 -----

Fax ----- Email -----

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

Emergency Contact (Address) -----

