

Level 1, 17 Birmingham Drive, PO Box 459, Christchurch 8140 NEW ZEALAND. Ph 03-964-1200 Fax 03-964-1205 email admin@hrnz.co.nz www.hrnz.co.nz.

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

	ALLEGATION	AINTER S EIGENGE AND ON DIN	EN S LICENCE			
	s, Ms, Miss etc) Name in Full					
Type of I	icence required					
	censed before					
Name &	address of present employer					
Have you ever been refused a licence? OFFICE USE ONLY						
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?						
TRAINER	es .					
	cality for race book details					
Owner & address of training establishment						
Registration numbers & make of sulkies						
Register	ed name of horses in training at time of application					
Please su	upply your bank account details for direct crediting			 uffix		
If you are	e GST registered, please supply your number					
	DRIVERS					
Please st	upply your bank account details for direct crediting	Bank/Branch Acc	count Number Su	uffix		
Please su	upply your IRD Number					
If you are	e 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 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						
Phone:	Home Bus					
		nail				
Emerger	icy Contact (Full Name)	DOB	Ph Number			

Emergency Contact (Address) ------

DRIVER SAFETY POLICY

I hereby acknowledge that in continuing to drive I understand the HRNZ DRIVER SAFETY POLICY:

PRE-EXISTING MEDICAL CONDITION AND PREGNANCY and, agree that:

- If I have a pre-existing medical condition which exposes me to an increased risk of damage/loss as a result of an accident or injury, then I must obtain clearance from a medical officer before driving;
- If I am pregnant, I am aware that any accident could injure my unborn child or children and that I must obtain clearance from a medical officer before driving; and
- I take full responsibility for any adverse consequences that may occur at any time during participation in racing & I will not pursue any legal action against any other driver, Harness Racing Club or Harness Racing NZ Inc. should there be any injury or accident.

LICENCE FEES 2022/2023

Public Trainer	¢190
Public Trainer and Open Driver	•
Public Trainer and Graduation Driver	
Public Trainer and Junior Driver	· .
Public Trainer and Trials Driver	
Public Trainer and Trials Driver (if licensed as an Advanced Amateur Driver)	
Public Trainer and Trials Driver (ii licensed as an Advanced Amateur Driver)	
Licence to Train	\$150
Licence to Train and Open Driver	\$280
Licence to Train and Graduation Driver	\$240
Licence to Train and Junior Driver	\$230
Licence to Train and Trials Driver	
Licence to Train and Trials Driver (if licensed as an Advanced Amateur Driver)	\$150
Driver's Licence only	
Open Driver	\$180
Graduation Driver	\$140
Advanced Amateur Driver	\$140
Junior Driver	\$130
Trials Driver	\$110
Trials Driver (if licensed as an Advanced Amateur Driver)	\$0
Stablehand's Licence	\$35
Youth Subsidy: 30yrs and younger – Licence Fees subsidised by HRNZ	\$0
Sulky Registration (Current White WOF tags valid to 31 January 2023)	ĆOF
Fee payable per sulky	
Sulky registration plates	\$23
Practical and Oral Tests – (Cadets exempt from fee) Licence to Train or Trials Horseman applying for the first time	\$57.50
Colours Registration	
New Set (valid to 31 July 2022)	\$130
Renewal or Transfer of Existing Sets	
Rule Book (optional) - Rules & Regulations on HRNZ website www.hrnz.co.nz	\$34.50
Training Partnerships - If you wish to enter into a Training Partnership, an application form is on the Both partners must hold a Trainer's Licence in their own name & there is no reduction in the above for the second	
PAYMENT DETAILS	
1) I have paid by bank deposit: Amount paid: \$ Date deposited: Harness Racing NZ bank account no. 030802 0338257 00 (Please use your name, customer no. & "lice"	
2) Please charge my: Mastercard	
Payment amount: \$	
Card no.	unimu Data
Card no. Ex	xpiry Date