



RACING AND WAGERING WESTERN AUSTRALIA

Licensing & Registrations

14 Hasler Rd OSBORNE PARK WA 6017

Telephone 08 9445 5558

Fax 08 9445 5586

ABN 21 347 055 603

THOROUGHBRED TEMPORARY TRAINERS LICENCE APPLICATION EASTERN GASCOYNE RACE CLUB (LANDOR)

FEE - \$20

AND \$10 PUBLIC LIABILITY INSURANCE PER HORSE

PLEASE ATTACH PAYMENT

| DETAILS - PLEASE COMPLETE | | |
|------------------------------------|--------------|---------------------|
| MR/MRS/MISS/MS | | |
| Surname: | | Given Names: |
| Residential Address: | | |
| Postal Address: | | |
| Stable Address: | | |
| Contract Telephone Numbers: | Home: | Mobile: |
| Email Address: | | |

APPLICANT'S DECLARATION

1. If I am charged with an offence punishable by fine or imprisonment I undertake to contact the Stewards immediately upon being charged.
2. If I have been convicted of an offence punishable by fine or imprisonment in the previous 12-months, I undertake to contact the Stewards (08 9277 0777) immediately and attach to this application a copy of my current Police Clearance Certificate and details of the Court ruling in relation to the offence.
3. I shall at all times conduct and present myself in a professional and proper manner and comply with the RWAA Rules of Thoroughbred Racing, Official's instructions and the powers afforded to them and that failure to do so can place my current and future involvement in the industry in jeopardy.
4. I acknowledge having read and understood the said Rules and further undertake to read the Official RWAA publications so as to keep myself informed of any amendments to the said Rules or any other Regulations, Conditions and Directions made by RWAA.
5. I agree to be bound at all times by the said Rules in force from time to time and any other lawful Rules, Regulations, Conditions and Directions as may from time to time be formed, made or given by Stewards or Officials of RWAA.
6. I acknowledge that in the event of becoming disqualified, my current licence is forfeited and upon expiration of the disqualification I must re-apply for a Licence. I recognize in these circumstances such application may be refused or made subject to special conditions.
7. I will provide the Licensing & Registrations Department with written advice of any changes to the details I have advised in this application within 48-hours of the change.
8. I hereby declare that all particulars stated on this application are true and correct, and acknowledge that the Stewards are empowered to punish any person who makes any false or misleading statement or declaration in respect of any matter in connection with the administration or control of Thoroughbred Racing.
9. I understand that RWAA may revoke or suspend my licence if I fail to pay debts and when they fall due.
10. I will take out Workers Compensation Insurance when I employ workers ("Workers" as defined in the ACT) to assist me in my training activities.
11. I agree that RWAA may record telephone conversations with you when you contact RWAA or are contacted by RWAA by telephone line in relation to any licence or racing related matter.

NO NOMINATION WILL BE ACCEPTED WITHOUT THIS APPLICATION BEING SUBMITTED TO RACING AND WAGERING WESTERN AUSTRALIA AND THE COMPLETION OF AN OFFICIAL STABLE RETURN FOR EACH HORSE NOMINATED TO RACE AT THE EASTERN GASCOYNE RACE CLUB.

Form: LRT-001

See overleaf

| Please tick as appropriate ✓ | |
|---|--|
| Do you intend riding in races at Landor? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been convicted of any offence punishable by fine or imprisonment (Traffic offences excepted)? If YES, please contact the Stewards prior to lodging this application. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been suspended, disqualified or been in default of payment with any Racing Controlling Body or Club? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been charged with, or found guilty of an offence punishable by fine or imprisonment in the previous 12-months. If so contact RWWA Stewards prior to lodging renewal. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE OF BIRTH: (DAY) _____ (MONTH) _____ (YEAR) _____ | |
| APPLICANT'S SIGNATURE: | DATE: |

PRIVACY

The information collected on this form will be used for the purposes of transacting Racing & Wagering Western Australia (RWWA) business.

IMPORTANT INFORMATION

1. TRAINERS WHO EMPLOY WORKERS TO ASSIST THEM IN THEIR TRAINING ACTIVITIES ARE COMPELLED BY WORKERS COMPENSATION LAW TO TAKE OUT APPROPRIATE WORKERS COMPENSATION INSURANCE FOR THEIR WORKERS.
2. PAYMENT MUST BE ATTACHED FOR APPLICATION TO BE PROCESSED.