



APPLICATION FOR CHANGE OF NAME

Please tick appropriate box for:

- CHANGE OF NAME FOR YEARLING HORSE ONLY FEE \$ 186.00 Profile Code H_G_CONM
CHANGE OF NAME FOR 2 & 3 YEAR OLD HORSES THAT HAVE NOT RACED, TRAILED OR BRED FEE \$ 335.00 H_G_CONA
CHANGE OF NAME FOR HORSES THAT HAVE TRIALLED BUT NOT RACED OR USED FOR BREEDING FEE \$ 494.00* H_G_CONT
* Only after approval by HRA

THE REGISTRATION ASSESSMENT CERTIFICATE MUST ACCOMPANY THIS FORM.

I/We the undersigned being the owners of (Horse Name)

by (Sire) out of (Dam)

Date of Foaling, Freeze Brand wish to apply to change the name of the above mentioned horse.

NAMES REQUESTED (Preferential Order)

Trade Names and Names of Living Persons are not to be submitted unless permission has been obtained. Maximum of 18 letters including spaces. The submitted names shall not contain apostrophes, full stops or any other symbols or numbers. Abbreviations are not permitted.

Please refer to the Australian Stud Book Regulations on the national website (http://www.harness.org.au/ausbreed/studbookregs.pdf) for the full naming regulations.

Table with 3 rows and 20 columns for name entry.

NAME/S & SIGNATURE/S OF ALL OWNER/S

Table with 10 rows for owner names and signatures.



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations Department

14 Hasler Rd Osborne Park 6017

Telephone (08) 9445 5558

Fax (08) 6314 4792

HOW TO PAY

Phone



Please call the telephone number on your document

Or

Credit Card

Accepted Credit Cards:



Please complete the details below then detach the slip and return it with your completed application

Detach and Return with your application

		CREDIT CARD AUTHORISATION SLIP	
RACING AND WAGERING WESTERN AUSTRALIA			
Credit Card Type please tick <input checked="" type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			
Card No.			Card Expiry Date /
Name on Card _____		Amount \$ _____	
Card Holders Signature _____		Date _____	
I agree to RWAA charging my credit card account for the amount shown above			
Account No. _____	Contact Telephone Number. _____	Invoice No/s. _____	