



RACING AND WAGERING WESTERN AUSTRALIA

**Licensing & Registrations**

14 Hasler Road  
OSBORNE PARK WA  
Telephone 08 9445 5558  
Email: licreginfo@rwwa.com.au

ABN 21 347 055 603

**BREEDING LICENCE APPLICATION – GREYHOUNDS FEE \$125**

The managing owner of any registered greyhound bitch, or person with an authority (Form B) to breed a litter from a registered greyhound bitch, or person engaged on behalf of the breeders who has the day to day care, control and custody of a bitch used for breeding or the rearing of greyhound pups to be used for racing purposes, must hold a GREYHOUND BREEDING LICENCE.

**IMPORTANT NOTE:**

Applicants for a GREYHOUND BREEDING LICENCE MUST BE **18YRS OF AGE OR OLDER**  
The completed **RWWA Breeders Education Questionnaire** is to be attached to this application (4 parts)  
Please refer to the License application checklist within this application for all licensing requirements prior to submitting your application.

THESE DETAILS MUST BE COMPLETED BY THE APPLICANT

Mr/Mrs/Ms/Miss **Surname:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Date of Birth (Day)** \_\_\_\_\_ **(Month)** \_\_\_\_\_ **(Year)** \_\_\_\_\_

**Current Residential Address:** \_\_\_\_\_  
*(PO Box not accepted)* **Street/Lot No.** \_\_\_\_\_ **Street Name** \_\_\_\_\_ **Location** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Current Postal Address:** \_\_\_\_\_  
*(If different to residential)* \_\_\_\_\_ **Location** \_\_\_\_\_ **Post Code** \_\_\_\_\_

<b>Current Phone Numbers</b>	Home _____	Business _____	Mobile _____
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**Current Email address** \_\_\_\_\_ @ \_\_\_\_\_ **(Email address must be unique)**

Are you currently Licensed as an owner with RWWA. – Yes  / No  *(please tick ✓)*

ALL APPLICANTS MUST ANSWER ALL THESE QUESTIONS

1.	Have you previously been licensed or registered in any capacity by any Racing Controlling Body or Club? If <b>YES</b> show details here or attach separate report:	YES / NO
2.	Have you ever been refused a licence or registration or had a licence revoked or cancelled by any Racing Controlling Body or Club? If <b>YES</b> show details here or attach separate report:	YES / NO
3.	Have you ever been suspended, disqualified, warned off, fined or listed as a defaulter by any Thoroughbred, Harness or Greyhound Racing Controlling Body or Club? If <b>YES</b> show details here or attach separate report:	YES / NO
4.	Have you been convicted for any criminal offence punishable by fine or imprisonment or have you ever been or are you now subject to a bond or recognizance? (Traffic Offences excluded) If <b>YES</b> contact the Stewards to arrange an interview to maintain confidentiality (08) 9445 5237.	YES / NO
5.	Are you or have you ever been declared as bankrupt? If <b>YES</b> show details here or attach separate report:	YES / NO
6.	Please State your Occupation:	

**OFFICE USE ONLY**

	DATE	PROCESSOR'S NAME & SIGNATURE		
DATE APPLICATION RECEIVED		BY WHOM	Sign:	
RWWA Breeder Application Pack		Passed: YES / NO	Sign:	
KENNEL INSPECTION		Approved: YES / NO	Sign:	
Breeder Type		Breeder (in name only) <input type="checkbox"/>	Breeder Litter Registered <input type="checkbox"/>	Full Breeder <input type="checkbox"/>
C O S APPROVAL		Care with other RWWA registered Breeder	Care up to 16 weeks only	Breeder until ready to train
		Approved: YES / NO	Sign:	

**BREEDING PREMISES**

**NOTE:** If whelping or rearing is to occur at a property other than your residential address or under your control, the person responsible for the care and control of those other premises listed below must also be the holder of a GREYHOUND BREEDING LICENCE in order for this application to be approved.

**Address where whelping is to occur:**  
*(Indicate "as above" if this is to be your place of residence)*

**Name of person in care and control of these premises:**

**Address where rearing is to occur:**  
*(Indicate "as above" if this is to be your place of residence)*

**Name of person in care and control of these premises:**

**NOTE:** Where indicated above that you will engage a RWWA licensed Breeder other than yourself, who will be responsible for the daily care, whelping, rearing and housing of greyhounds, brood bitch's and pups on your behalf, whilst they are located in Western Australia, they must complete the following declaration. It is your responsibility to update this information with RWWA Stewards should these instructions change.

I ..... being a RWWA licensed Breeder accept responsibility for the daily care, whelping, rearing and housing of greyhounds, brood bitch's and pups bred/owned by .....

Signed ..... Dated ..... Breeders License YES / NO

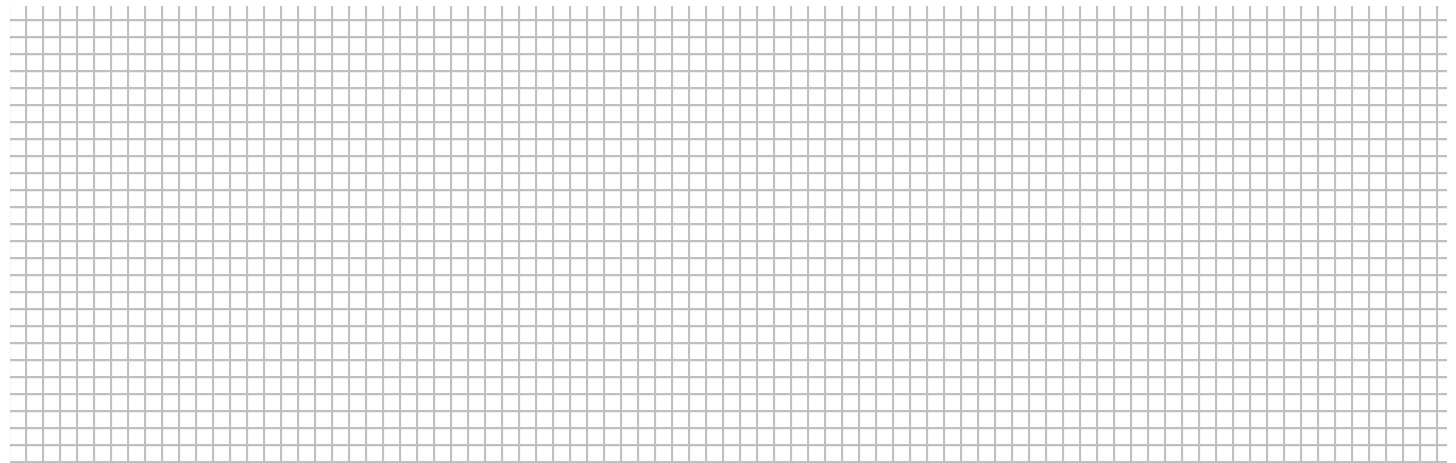
**RWWA PRIVACY POLICY**

Please refer to RWWA's Privacy Policy on [www.rwwa.com.au](http://www.rwwa.com.au)

**IF THE PREMISES AT WHICH THE WHELPING OR REARING IS TO TAKE PLACE HAVE NOT PREVIOUSLY BEEN APPROVED BY RWWA STEWARDS PLEASE COMPLETE THE FOLLOWING.**

<b>Number of Kennels:</b>	<b>Construction - Roof:</b>	
<b>Construction Walls:</b>	<b>Are Kennels lockable?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> <i>(please tick ✓)</i>
<b>Is feed room lockable?</b> Yes <input type="checkbox"/> / No <input type="checkbox"/> <i>(please tick ✓)</i>	<b>Is access to the property lockable?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> <i>(please tick ✓)</i>

**PLAN OF KENNELS** (If insufficient space attach separate plan)



**KENNEL OWNER / USER DETAILS**

Name of kennel owner: \_\_\_\_\_

Address of kennel owner: \_\_\_\_\_

Names of other kennel users: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

**PLEASE LIST BITCHES WHICH YOU OWN / PART OWN AS THE MANAGING OWNER, OR HAVE A VALID AUTHORITY TO BREED FROM (FORM B), or THAT YOU INTEND TO BREED FROM (Attach separate list if insufficient space below)**

**A P P L I C A N T ' S   D E C L A R A T I O N**

1. I hereby authorise Racing and Wagering Western Australia (RWWA) to check any details of information given in this statement, including but not limited to, criminal convictions, financial commitments, etc. as the Authority in its absolute discretion deems necessary.
2. I acknowledge, if I am applying for a trainer's licence/permit that
  - (a) I will take out Workers Compensation insurance when I employ workers ("Workers" as defined in the Act) to assist me in my training activities
  - (b) The training of all Horses/Greyhounds in my care will be under my personal supervision
  - (c) I will notify RWWA immediately whenever a Horse/Greyhound leaves my control or comes under my control where it is my intention to prepare the Horse/Greyhound to participate in trials or races and
  - (d) I will permit the Stewards or Officials of RWWA to enter at any time and inspect my property and to exercise their powers under the Rules.
3. If I am applying for a trainer's licence/permit, I acknowledge my application will be rejected if I do not have public liability insurance.
4. If I am charged with an offence, by Police or one that is punishable by fine or imprisonment, I undertake to contact the Stewards immediately upon being charged.
5. 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 9445 5333) 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.
6. I shall always conduct and present myself in a professional and proper manner and comply with RWWA Rules of 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.
7. I acknowledge that in the event of becoming disqualified, I remain bound by and subject to, the Rules of Racing for the period of my disqualification, and that 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.
8. I acknowledge having read and understood the Rules of Racing and further undertake to read Official RWWA Publications so as to keep myself informed of any amendments to the said rules. I agree to be always bound by the 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 RWWA.
9. 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.
10. I hereby declare that all particulars stated on this application are true and correct, that I have read all the conditions appearing in this Application and acknowledge and agree to abide by all such conditions.
11. I 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 Racing.
12. I agree that RWWA may record telephone conversations with you when you contact RWWA or are contacted by RWWA by telephone line in relation to any licence or racing related matter.

**TRAINERS NOTE:**

TRAINERS WHO EMPLOY WORKERS TO ASSIST THEM IN THEIR TRAINING ACTIVITY ARE COMPELLED BY WA STATUTE LAW TO TAKE OUT APPROPRIATE WORKERS COMPENSATION INSURANCE FOR THOSE WORKERS. PENALTIES WILL RESULT IF A PERSON DEEMED TO BE A WORKER IS INJURED WHILST WORKING FOR YOU AND THERE IS NO COVER IN PLACE

I \_\_\_\_\_ (FULL NAME) make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths, Affidavits and Statutory Declarations Act 2005

Made and subscribed by the above named and declared

on \_\_\_\_\_ (Day) \_\_\_\_\_ (month) \_\_\_\_\_ (Year) \_\_\_\_\_ Signature of Applicant

At \_\_\_\_\_ place

Before me \_\_\_\_\_ Signature of Witness\* \_\_\_\_\_ Full Name of Witness\*

\* Witness must be the list of professions from the Oaths, Affidavits and Statutory Declarations Act 2005.



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# GREYHOUND LICENCE APPLICATION CHECKLIST

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### All Licence Applications (Catchers Permit & Attendant Licence)

- Complete the application form in full
- Ensure that the application is signed & witnessed
- Provide a current National Police Clearance if over 18 (with an issue date of no more than six (6) months)
- Provide a copy of your ID (Birth Certificate, Drivers Licence or Passport)
- Photo for licence Card – Headshot, shoulders up on a white or plain background (the photo can be taken with your phone and either emailed or text with your name to 0418 104 309)
- Payment of Fees must accompany all applications

✓

### Breeders Licence

- Complete and provide Assets & Liabilities form
- Complete the GST Declaration
- Kennel details to be completed if not a currently RWAA approved Kennel / Premises.
- As per above - Provide a copy of Local Shire approval if there are more than two (2) kennels on the property
- RWAA Breeders Education Package completed and attached
- Copy of there (3) months Bank Statements, with a consistent minimum, each month, of \$3,000 in savings

✓

### Trainer T2 & T3 Licence Applications

- Complete the GST Declaration
- Provide a copy of Local Shire approval if there are more than two (2) kennels on the property

✓

### Trainer T1 Licence Applications

- Complete and provide Assets & Liabilities form
- Copy of there (3) months Bank Statements, with a consistent minimum, each month, of \$3,000 in savings

✓

### **If not previously registered in WA:**




- Provide a copy of your ID (Birth Certificate, Drivers Licence or Passport)
- Complete the GST Declaration
- Provide a copy of Local Shire approval if there are more than two (2) kennels on the property

Stewards may require any of the above upon request

## GST DECLARATION

*Must be completed*

FULL NAME .....

<i>Please tick ✓ where applicable</i>		
 Harness <input type="checkbox"/>	 Thoroughbred <input type="checkbox"/>	 Greyhound <input type="checkbox"/>

**Section A:**

**Are you a resident of Australia for income taxation purposes?**  **Yes** *Go to section B*  **No** *Go to section D*

*If you have answered No, then we are obligated to withhold amounts under the Foreign Resident Withholding provisions.*

**Section B:**

**Is the horse racing activity conducted as a private recreational pursuit or hobby?**  
 **Yes** *Go to section D*  **No** *Go to section C*

*If you have answered Yes, an ABN cannot be provided and you must declare yourself as a Hobbyist.*

**Section C:**

*Where the participant is GST registered the following agreement is given:*

**AGREEMENT FOR THE ISSUE OF RECIPIENT CREATED TAX INVOICES**

**Between**

Racing and Wagering Western Australia (“**Recipient**”) ABN: 21 347 055 603 14 Hasler Road, OSBORNE PARK WA 6017

**And**

The Signatory (referred to as the “**Supplier**”)

**Terms and Conditions**

The Supplier and Recipient agree that:

1. The Recipient may issue tax invoices in respect of supplies made by the Supplier;
2. The Supplier may not issue tax invoices in respect of supplies made by the Supplier;
3. The Supplier acknowledges that it is registered for GST when it enters into this Agreement and it will notify the Recipient if it ceases to be registered; and
4. The Recipient acknowledges that it is registered for GST when it enters into this Agreement and it will notify the Supplier if it ceases to be registered; and

**When you sign this GST Declaration, you are taken to have read this Agreement and agreed to the terms and conditions outlined above.**

<b>ABN – related to the horse industry (Applicable for Businesses)</b>																			
ABN No:																			
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Start Date ___/___/___ <b>GST Reg.</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																			

*Should your Hobby/ABN and/or GST registration status change at any time, you must notify us of your new status immediately to enable us to make the correct payments. Should you require clarification on these entity types or taxation rulings, please refer to the ATO website.*

**Section D: (must be completed by all)**

**Australian Bank Account Details)**

Account Name: .....																																							
Name of Bank .....	Branch.....																																						
BSB:	Account Number																																						
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Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**RWWA Privacy Policy**

Please refer to RWWA’s Privacy Policy on [www.rwwa.com.au](http://www.rwwa.com.au)



ABN 21 347 055 603

STATEMENT OF ASSETS AND LIABILITIES
CONFIDENTIAL DECLARATION

A S S E T S

Table with columns for asset description and value. Rows include Property/s in own name, Total Cash in Hand, Total Cash in Bank, Savings Account, and Other Assets Details.

L I A B I L I T I E S

Table with columns for liability description and value. Rows include Total Owing on Property/s, Total Bank Overdraft, Total Personal Loans, Total Credit Card Debt, Rent Payments, Hire Purchase Commitments, and Other Liabilities.

A P P L I C A N T ' S D E C L A R A T I O N

I \_\_\_\_\_ of \_\_\_\_\_
Do solemnly make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths, Affidavits and Statutory Declarations Act 2005. Made and subscribed by the above named and declared

This \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

\_\_\_\_\_ Signature of Applicant

At \_\_\_\_\_

Before me \_\_\_\_\_ Signature of Witness

Name and Qualification \_\_\_\_\_

- Witness must be the list of professions from the Oaths, Affidavits and Statutory Declarations Act 2005.



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# 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



RACING AND WAGERING WESTERN AUSTRALIA

## CREDIT CARD AUTHORISATION SLIP

Credit Card Type please tick  VISA  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. \_\_\_\_\_



RACING AND WAGERING WESTERN AUSTRALIA

### **USEFUL LINKS**

Social Media Policy - <https://www.rwwa.com.au/wp-content/uploads/2019/05/Social-Media-Policy-with-Logo-2.pdf>

Rules & Policies - <https://www.rwwa.com.au/wp-content/uploads/2020/01/RWWA-GreyhoundRules-1-September2019.pdf>

RWWA Licensing Policy - <https://www.rwwa.com.au/wp-content/uploads/2019/05/licensingpolicy-2.pdf>

Racing Assist - <https://www.rwwa.com.au/welfare/industry-welfare/racing-assist/>

Complaints - <https://www.rwwa.com.au/industry/integrity/complaints-to-rwwa/>

Useful Contacts including Discrimination and Sexual Harassment – <https://www.rwwa.com.au/industry/integrity/harassment-discrimination/>

Code of Practise (Kennel Guidelines) - [https://www.rwwa.com.au/wp-content/uploads/2019/05/Greyhound-Code-of-Practice\\_April-2019.pdf](https://www.rwwa.com.au/wp-content/uploads/2019/05/Greyhound-Code-of-Practice_April-2019.pdf)

List of Professions to witness Oaths, Affidavits and Statutory Declarations - [https://www.rwwa.com.au/wp-content/uploads/2019/08/LRF-003\\_StatutoryDeclaration.pdf](https://www.rwwa.com.au/wp-content/uploads/2019/08/LRF-003_StatutoryDeclaration.pdf)