Queensland Racing Limited
Licensing & Registrations Department
A.B.N. 93 116 735 374
Racecourse Rd Deagon QLD 4017
PO Box 63 Sandgate QLD 4017
T 07 3869 9751
F 07 3269 8929
E info@queenslandracing.com.au
W www.queenslandracing.com.au

2009/10
FEE: $25

VISITING STABLEHAND/TRACKWORK RIDER PERMIT

Surname: _____ **Given Names:** _____

Date of Birth _____

Mobile #: _____ **Email:** _____

Name of Home Control Body: _____
(A clearance must be supplied from your Licensing Jurisdiction and be forwarded to Queensland Racing)

Licence Category: **Stablehand / Trackwork Rider** (Please circle appropriate category)

Employer: _____

Home Postal Address: _____ **Postcode:** _____

Queensland Residential Address: _____ **Postcode:** _____

Queensland Postal Address: _____ **Postcode:** _____

DECLARATION BY VISITING STABLEHAND

I, _____state as follows:

1. All the information contained in this application form is true and correct in every particular.
2. I have read the Australian Rules of Racing and Queensland Racing Limited's (QRL's) Local Rules of Racing ("the Rules of Racing").
3. I agree to be bound by the Policies of QRL and the Rules of Racing (which can be accessed on QRL's website).
4. I am not currently subject to any disciplinary action initiated by any other Principal Racing Authority (PRA) in Australia or New Zealand.
5. I will immediately inform QRL should any PRA initiate disciplinary action against me.
6. I authorise QRL to disclose information provided by me in this application form to:
   (a) The PRA that licensed me;
   (b) State and Federal Government departments and regulatory authorities;
   (c) Persons currently unknown for the purpose of complying with statutory obligations requiring QRL to disclose information.
8. I acknowledge that QRL collates personal information about me as part of its licensing and disciplinary processes. I authorise QRL to disclose information relating to my disciplinary history in Queensland to other PRA's in Australia and New Zealand.
9. I understand that if I make misleading statements to QRL, that I will be subject to disciplinary action that may result in the revocation of my interstate licence.

Signature:_____ Date _____

Payment to QRL
Cash, Cheque, Money Order or Credit Card
Fax to (07) 3269 8929 with credit card details or post with payment to
Queensland Racing Limited
PO Box 63
SANDGATE QLD 4017

Please circle: Visa MasterCard Expiry Date _ _ / _ _

Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Amount $ _____

Cardholder's Name:_____