



QUEENSLAND RACING
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Deagon QLD 4017
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Sandgate QLD 4017
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APPLICATION FOR CONNECTION TO TELEPHONE BOOKMAKING SYSTEM

NAME: _____

ADDRESS: _____

TELEPHONE (B/H): _____ (AH): _____

FAX NO: _____

REGISTERED BOOKMAKER LICENCE NO: _____

LICENSING CONTROL BODY: (PLEASE TICK THE APPROPRIATE BOX)

NQRA CWQRA CRA SEQRA
DSWQRA GRA QHRB

FIELDING VENUE(S):

- (1) _____
(2) _____
(3) _____
(4) _____

TYPE OF SERVICE REQUIRED:

- RECEIVE CALLS FROM CLIENTS
 SEND CALLS TO LAY OFF
 BOTH OF THE ABOVE

IN ACCORDANCE WITH S.141. OF THE RACING AND BETTING ACT 1980, I HEREBY
APPLY TO BE CONSIDERED FOR CONNECTION TO THE APPROVED TELEPHONE
BOOKMAKING SYSTEM.

SIGNED: _____ DATE: / /

ENCLOSED APPLICATION FEE \$2000
(MADE PAYABLE TO QUEENSLAND RACING)

RECOMMENDED BY THE CONTROL BODY YES / NO (B/S) DATE: / /