

LICENCE RENEWAL 2023/24 LICENSING SEASON

Harness Racing SA Ltd, PO Box 1112, Gawler SA 5118



FOR OFFICE USE ONLY

LICENCE INVOICE #	
COLOURS INVOICE#	
INITIAL & DATE	
PAYMENT FINALISED	Direct Bank Deposit/ Credit Card/Other
FINANCE	
CARD ISSUED	

ABOUT YOU

Preferred Name on Licence Card		Email:	
RESIDENTIAL ADDRESS (if different to above)			
Telephone:		Mobile:	
Date of Birth:		<i>*Trainer & Driver licences will be reduced by \$100 if you are under 25 or above 60 years old as at 1 September 2023 and the licence is paid IN FULL (not avail on half yearly payments)</i>	
Your GST Status is currently:		ABN NUMBER (if applicable):	

YOUR LICENCE

CLIENT NUMBER:		LICENCE NUMBER:		LICENCE(S) FOR RENEWAL:		Harness Web User:
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YOUR LICENCE FEE

LICENCE FEE \$	(Licence Only)	COLOURS RENEWAL FEE	<input type="checkbox"/>	\$49.50
AGE DISCOUNT (if applicable)			<input type="checkbox"/>	
HALF YEARLY PAYMENT	(Tick box) - Authorisation lodged - only applicable on Licence fee		<input type="checkbox"/>	
TOTAL: (LICENCE & COLOURS) \$				

Colours Renewal

1.

2.

3.

TRAINERS AND DRIVERS: YOUR CHOICE (please tick one box)

I give permission for my details to be published on the online HRA Licence Holders Website Yes No

TRAINER (TRA/TRB) COMPULSORY I MAINTAIN AN UP TO DATE LOG BOOK YES NO

COMPULSORY OWNER & ADDRESS OF STABLES:

***Trainers are required to update their Stable & Gear Listing on HarnessWeb to ensure it is current**

STABLEHAND (SHND) **COMPULSORY** Your Employing Trainers Name:

DRIVER (DRA, DRB, DRC) **COMPULSORY** ORIGINAL MEDICAL CERTIFICATE IS ATTACHED

TAX FILE NUMBER **COMPULSORY FOR DRIVERS ONLY**

Name of Superannuation Fund _____

Member No: _____

ABN of Superannuation Fund (if known) _____

USI / SPIN of Superannuation Fund (if known) _____

OR

I wish to nominate HRSA default Superannuation Fund for payment of any drivers Superannuation (Mercer Business Super) Yes

BETTING ACCOUNT DECLARATION – COMPULSORY DRIVERS NO YES

- i. I declare that I have no betting accounts in my name with a bookmaker, totalizator or betting exchange located within or outside of South Australia.
- ii. I undertake to immediately make and submit a further declaration if I open a new betting account in my name after submitting this declaration.
- iii. I acknowledge that the South Australian Integrity Department may conduct an audit or other means of verification relating to this declaration.

If your Declarations is YES – please provide details on a separate form & attach to this renewal

YOUR DECLARATION

Have you been charged or convicted of a crime or offence since your last licence renewal or application? Yes No

If yes, please provide details:

- I declare that all the information contained in this Licence Renewal is true and correct.
- I agree to be bound by policies and Local Rules of Harness Racing South Australia and the Australian Harness Racing Rules.
- I have read and agree to be bound by the Social Media Policy for Industry Participants
- I agree to pay all payments if opting for half yearly payments.

Signature: _____ Date: _____ / _____ / _____

YOUR PAYMENT

Credit Card Payment		Visa / MasterCard											
Card Number	<input type="text"/>												
Expiry Date	<input type="text"/> / <input type="text"/>				Cardholder Name:								
Cardholder Signature													

Authorisation for half yearly payments must be signed and lodged.

DIRECT DEPOSIT DETAILS – BSB 035-047 Acct Number 194535

Harness Racing SA Ltd

Please insert as much detail as possible in description