



Return form to: Postal PO Box 184 Moonee Ponds, Vic 3039 Australia, info@hrv.org.au

# Trainer/Driver Licence Renewal Application 2024/2025

Upon submission, your application will be reviewed within ten (10) working days.

LICENCE APPLICATION that you are applying for: (Please circle) **TRAINER** | **DRIVER** | **TRAINER/DRIVER COMBINED**

**CUSTOMER CODE:**

**LICENCE NUMBER:**

### POSTAL ADDRESS

Name

Address

Post Code

Ph/Mob

Email

### EMERGENCY CONTACT

Name

Ph/Mob

### STABLE ADDRESS - (TRAINERS ONLY)

Post Code

PIC Number Gate Code

### Please Nominate your Super Fund

Name ABN No:

Unique superannuation identifier (USI)

Your member number (if applicable)

[https://www.ato.gov.au/uploadedFiles/Content/SPR/downloads/SUPER17983Superannuation\\_standard\\_choice\\_form.pdf](https://www.ato.gov.au/uploadedFiles/Content/SPR/downloads/SUPER17983Superannuation_standard_choice_form.pdf)

### EQUINE WELFARE

I declare to be compliant with all welfare legislation, rules, regulation and code, including but not limited to The Prevention of Cruelty to Animals Act 1986 and DEDJTR Code of Practice for the Welfare of Horses. I declare to support and promote equine welfare practices within the Harness Racing industry including the Harness Racing Victoria Animal Welfare Framework. I agree to notify Harness Racing Victoria of any equine welfare concerns that I may witness or become aware of.

Signature:

Date:

### VHRC MEMBERSHIP

Up to \$900,000 worth of Super Bonus benefits on offer for 2024/25. Join via [www.vhrsc.com.au](http://www.vhrsc.com.au) or ph 0408 570 197

### VHRT&DA MEMBERSHIP \$50

Tick the box to indicate membership required

(TICK)

### RENEWAL AND PAYMENT DUE DATE: 01 Sept 2024

Trainers/Drivers renew and pay before 01 September and receive \$10 off or through HarnessWeb receive \$20 off

Please see payment options available on the back of this form

### OFFENCE DECLARATION:

Have you been found guilty of a Relevant Offence\* in the last 12 months? (please tick). If YES, please attach details

YES

NO

### RELEVANT OFFENCE DEFINED: Licence Condition - Rule 267 (1)

A licensee who is found guilty of a crime or an offence (excluding non-custodial traffic matters) in any State or Territory of Australia or any country must notify Harness Racing Victoria (HRV) within fourteen (14) days of the change of circumstances taking place.

### LICENCE HOLDER DIRECTORY:

Do you wish to have your details published? (please tick)

YES

NO

### BETTING ACCOUNTS:

A new betting declaration for all Drivers applications must be completed for the 24-25 season. REMINDER your 24-25 renewal will not be processed unless submitted. A new form can be downloaded from [thetrots.com.au](http://thetrots.com.au) or completed online through

Are you GST Registered or Hobbyist (please tick)

HOBBYIST

GST

Please enter ABN (If applicable)



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# Betting Account Policy & Declaration 2024/2025

I,

(Given Name and Surname) (Licence Type)

Place a tick next to only ONE (1) of the following sections ie. either A, B or C :

### PART A\*

- i. I declare that I have **no betting accounts in my name** with a bookmaker, totalisator or betting exchange located within or outside of Victoria.
- 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. I understand that if I fail to do so, it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.
- iii. I acknowledge that the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration
- iv. I consent to this declaration being forwarded to the Racing Integrity Commissioner

(TICK)

OR:

### PART B\*

- i. I declare that **I have one or more betting accounts in my name** with a bookmaker, totalisator or betting exchange located within or outside of Victoria.
- ii. I further declare that all existing betting accounts held in my name are listed below and that the details I have provided below are true and correct. I understand that if I fail to declare all betting accounts held in my name, it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.
- iii. I undertake to immediately make and submit a further declaration if I open a new betting account in my name after submitting this declaration. I understand that if I fail to do so, it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.
- iv. I acknowledge that the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration
- v. I consent to this declaration being forwarded to the Racing Integrity Commissioner.

(TICK)

#### Wagering Service Provider

#### Name of Account Holder\*

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

OR:

### PART C\*

- i. I declare that, since my previous declaration, I have either opened or closed a betting account held in my name with a bookmaker, totalisator or betting exchange located within or outside of Victoria.
- ii. I further declare that the details of the opened or closed account(s) is listed below and that the details I have provided below are true and correct.
- iii. I undertake to immediately make and submit a further declaration if I open a new betting account or close an account held in my name after submitting this declaration. I understand that if I fail to do so, it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.
- iv. I acknowledge that the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration.
- v. I consent to this declaration being forwarded to the Racing Integrity Commissioner.

(TICK)

#### Wagering Service Provider

#### Is account Open or Closed? Date

#### Name of Account Holder\* (write 'SELF' if account is held in the name of the declarant)

Wagering Service Provider	Is account Open or Closed?	Date	Name of Account Holder*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DECLARANT ACKNOWLEDGMENT

I acknowledge that as a licensee I have read and understood this Betting Account Policy & Declaration form and that I must comply with its requirements. I understand that if I fail to do so, then it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.

**DECLARANT** – Must be completed

Name

Date of Birth

Signature

Date

## WITNESS – Must be Completed

Witness Name

Witness Signature

Witness position or relationship to Declarant:

Date

## REVIEW OF DECLARATION

**I have reviewed and noted the Declaration.**

Name of Reviewer:

Signature

Position

Date



# Compulsory Driver's Medical Examination

(All details must be supplied with signatures and all questions answered)

Name

Male  Female

- 1. Present Weight  kgs 2. Height  cms 3. Age
- 4. Have you any defect in sight? *(attach details)* Yes  No
- 5. Are you presently receiving medical treatment? *(attach details)* Yes  No
- 6. Are you, or have you been in receipt of a sickness benefit or Worker's Compensation Payment? *(attach details)* Yes  No
- 7. Have you any physical defects? *(describe)* Yes  No

- 11. Epilepsy or fits? Yes  No
- 12. Weak heart or heart disease? Yes  No
- 13. Shortness of breath or dizziness? Yes  No
- 14. Swelling of ankles? Yes  No
- 15. Chronic Cough or Sputum? Yes  No
- 16. Tuberculosis? Yes  No
- 17. Digestion or stomach disorders? Yes  No
- 18. Frequent diarrhoea or dysentery? Yes  No
- 19. Deafness or discharging ear? Yes  No
- 20. Asthma or severe Hayfever? Yes  No
- 21. Diabetes? Yes  No
- 22. Frequent Headache or migraine? Yes  No
- 23. Mental illness or Nervo us Breakdown? Yes  No
- 24. Any other illness or medical condition? *(Attach details)* Yes  No
- 25. Have you had any previous medical condition? *(Attach details)* Yes  No

**Have you ever suffered from any of the following:**

- 8. High Blood pressure? Yes  No
- 9. Blood in urine or faeces? Yes  No
- 10. Rheumatic Fever, Rheumatism, Joint Pain or frequent headache? Yes  No

**Declaration**

I declare that all answers are true and correct. I agree to advise HRV of any change that may occur in my medical condition.

Signature

*Please Sign*

Date

*Please Date*

## Medical Practioners Report (Medical Practioners Use Only)

General Appearance	Is there any hernia?	Nervous System
<input type="text"/>	<input type="text"/>	<input type="text"/>
Ear, Nose & Throat	Gland Areas	Lungs
<input type="text"/>	<input type="text"/>	<input type="text"/>
Abdomen	Condition of spine, limbs, joints	
<input type="text"/>	<input type="text"/>	
<b>BLOOD PRESSURE</b> Systolic <input type="text"/> mmHg	Diastolic <input type="text"/> mmHg	
<b>CONDITION OF HEART</b> Size <input type="text"/> Sounds <input type="text"/>	Rhythm <input type="text"/>	Pulse Rate <input type="text"/>
<b>EYES</b> Uncorrected R6/ <input type="text"/> Uncorrected L6/ <input type="text"/>	Corrected R6/ <input type="text"/>	Corrected L6/ <input type="text"/>
<b>HEARING</b> Right <input type="text"/> Left <input type="text"/>	<b>URINE</b> Glucose <input type="text"/>	Albumin <input type="text"/>
Detail any relevant aspects of history: <input type="text"/>		

## Examiners Statement NB: Please ensure you tick the appropriate fitness category

The applicant is: fit to drive:  unfit to drive:  requires referral to HRV Medical Panel to determine driving fitness:

Name and address or examining doctor

Signature

Date



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# Licence Payment 2024/2025

## FEE SCHEDULE

Licence Type	Licence fee for under 76	Licence fee for over 76
Driver C	\$405	\$365
Driver A or B	\$490	\$455
Trainer A or B	\$345	\$270
Trainer C	\$245	\$200
Trainer/Driver A or B	\$635	\$545
Trainer A or B/Driver C	\$535	\$455
Stablehand under 18	\$44	
Stablehand over 18	\$99	

## PLEASE NOTE:

**DRIVERS:** Your licence renewal will not be processed until such time that a completed Medical report and Betting Declaration form has been submitted.

## ONLINE RENEWAL AND PAYMENT:

Log into your HarnessWeb account and click the "Renew Your Licence" button on the home page or in the "My Details" section. To obtain a Harnessweb account. <http://harnessweb.harness.org.au/harnessweb/secure/login.do>

Note: Credit Card payments can be made through Harnessweb or call HRV Customer Service on 03 8378 0200. Licences will only be activated once full payment is received.

Make cheque payable to Harness Racing Victoria and attach cheque with Licence Renewal

## Office use only:

Customer Code:

Invoice Number:

Licence Number: