

<b>Name:</b>					
<b>Address:</b>					
<b>Suburb:</b>				<b>Post Code:</b>	
<b>Phone:</b>		<b>NFP*</b>		<b>Email:</b>	
<b>Date of birth</b>				<b>APBA Affiliated Club:</b>	
<b>SBA Licence Number and Expiry Date:</b>				<b>State of Issue:</b>	
				<b>APBA Race No (if applicable):</b>	
<b>SBA Registration No and Expiry Date</b>				<b>State of Issue</b>	

**This next Section is to be completed ONLY if driver is different to the above**

<b>Name:</b>					
<b>Address:</b>					
<b>Suburb:</b>				<b>Post Code:</b>	
<b>Phone:</b>		<b>NFP*</b>		<b>Email:</b>	
<b>Date of birth</b>				<b>APBA Affiliated Club:</b>	
<b>SBA Licence Number and Expiry Date:</b>				<b>State of Issue:</b>	
				<b>APBA Race No (if applicable):</b>	

<b>CLASS OF LICENCE REQUESTED</b>		<input checked="" type="checkbox"/>
<b>INBOARD DISPLACEMENT</b>	I	
<b>INBOARD HYDROPLANE</b>	I/H	
<b>OUTBOARD (excl Hydroplane)</b>	O	
<b>OUTBOARD HYDROPLANE</b>	O/H	
<b>THUNDERCAT</b>	T	

<b>GRADE OF BOAT (one only)</b>	<input checked="" type="checkbox"/>
<b>UNLIMITED</b>	
<b>LIMITED</b>	
<b>RESTRICTED</b>	

**DECLARATION BY APPLICANT**

I hereby apply for the issue of an APBA **DAY** Licence, endorsed for the type and class of boat that I am experienced in driving as indicated by myself on this application.

I acknowledge that this Licence is conditional and that all rules must be complied with as specified in the Club's Driver's Briefing and that I further agree to follow any instructions issued by any Club or APBA Official. I will not do anything that will or may bring power boating into disrepute.

I declare that I am in possession of a current State Boating Licence and/or Registration as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.

I have enclosed the prescribed fee and certify that the particulars given herein are true and correct and I will notify the Association if any change occurs.

<b>SIGNATURE OF APPLICANT:</b>		<b>DATE:</b>	
<b>SIGNATURE OF WITNESS:</b>		<b>PRINT NAME:</b>	<b>DATE:</b>

**ISSUING CLUB USE ONLY**

<b>SIGNATURE of CLUB OFFICIAL</b>	<b>NAME of OFFICIAL</b> (Please print)	<b>OFFICE HELD</b>	<b>CLUB</b>



**AUSTRALIAN POWER BOAT ASSOCIATION  
DAY LICENCE  
SELF-ASSESSING MEDICAL DECLARATION**

<b>Name:</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Post Code:</b>	
<b>Phone:</b>		<b>Date of birth:</b>	

**Have you ever been refused an APBA, CAMS or Pilot Licence, Life Insurance or Defence Forces application**  
 YES  NO

**BY SIGNING THIS FORM I CERTIFY THAT:**

I have no other illnesses, conditions or any other physical or mental condition that would make it dangerous for me or others driving a racing power boat. That I have not been advised by any medical person to refrain from contact sports or activities where physical exertion is required, or from activities where I will be subject to physical abuse.

Should an applicant not be able to confirm any of the below responses, a full APBA Medical Assessment form will be required to be undertaken.

**Have you ever suffered from:**

		YES	NO			YES	NO
1	Nervous Disorder? (Nerves, Neurasthenia or anxiety attack)			10	Earache or discharge?		
2	Headaches?			11	Surgical operation?		
3	Fits or convulsions, blackouts, fainting or giddiness?			12	Injuries related to Motor Sport?		
4	Asthma or lung disease?			13	Other injuries?		
5	Epilepsy?			14	Other illnesses not mentioned?		
6	Head Injury or concussion?			15	Do you take medication, tablets, or some other form of medication on a regular basis?		
7	Diabetes?						
8	Heart Disease?			16	Do you have any known allergies?		
9	Deafness or noises in the ear?			17	Bleeding disorders?		

**IF YES TO ANY OF THE ABOVE, STATE QUESTION No AND GIVE FULL DETAILS HERE**

(Attach a separate sheet if insufficient space provided)


**DECLARATION:** (An applicant making a false declaration is liable to refusal or cancellation of licence)

In case of a dispute, I understand that an APBA appointed Medical Assessor will make the final decision.

I hereby declare that I have not withheld any relevant information or made any misleading statement. Furthermore, I declare that, should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of this licence, and to notify the APBA Medical Assessor and submit myself to a further medical examination, the results of which are to be forwarded to that assessor.

I undertake not to use any drugs, medication or substances that might be considered illegal within a period of 48 hours prior to using my general competition licence, which might have any affect upon my performance, concentration or driving ability. I agree to undertake any drug analysis tests, including for alcohol that may be considered necessary by the APBA.

I hereby give my full authority to the APBA Medical Assessor to obtain the relevant Clinical Records, X-ray and Pathology Reports and from any Medical Officer I have previously attended.

**For Female Applicants:** I agree to abstain from exercising the privileges of this Licence while in the last six (6) months of pregnancy.

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>	
<b>SIGNATURE OF WITNESS:</b>	<b>PRINT NAME:</b>	<b>DATE:</b>