


Tick one box 		<b>LICENCE RENEWAL</b>		<b>NEW LICENCE APPLICATION</b>			
NAME:							
ADDRESS:							
SUBURB:				POST CODE:			
PHONE:			DATE OF BIRTH				
EMAIL							
APBA AFFILIATED CLUB:			CLUB MEMBERSHIP EXPIRES:				
STATE BOATING AUTHORITY LICENCE NUMBER:				STATE OF ISSUE:			
STATE BOATING AUTHORITY EXPIRY DATE:				APBA RACE No:			
NEXT OF KIN – NAME AND CONTACT NUMBER:							
ARE YOU REQUIRED TO WEAR CONTACTS OR GLASSES WHEN RACING:				YES		NO	

CLASS OF LICENCE		<input checked="" type="checkbox"/>
THUNDERCAT	T	

To be eligible to compete in any APBA Sanctioned event, the Boat Owner is required to have current financial membership of the APBA and the driver must hold an appropriately endorsed APBA Competition Licence.

LICENCE GRADE	<input checked="" type="checkbox"/>
LIMITED	
CATEGORY OF LICENCE (one only)	<input checked="" type="checkbox"/>
FULL YEAR	
PROBATIONARY	
HALF YEAR	

**DECLARATION BY THE APPLICANT:** *An applicant making a false declaration is liable to refusal or cancellation of membership.*

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

- I am in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein.
- I will not do anything that will bring powerboat racing or the Australian Power Boat Association into disrepute.
- I am in possession of a current State Boating Licence as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.
- the particulars given in this application are true and correct.
- I will notify the Association if any changes to the information on this application occurs.
- I agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

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

**DECLARATION BY THE APPLICANTS CLUB:** *(To be completed only by an authorised Club Official - strike out the sections that DO NOT apply)*

I certify that the above named is a Full Financial Member of the above-mentioned APBA Affiliated Club. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.

SIGNATURE of CLUB OFFICIAL	PRINT NAME	OFFICE HELD	DATE

**LICENCE ISSUING OFFICER USE ONLY**

<b>Licence Number:</b>	<b>Date Issued</b>	<b>Issued by:</b>

Return the completed form to: NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162