


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

CATEGORY OF LICENCE (one only)	<input checked="" type="checkbox"/>
FULL YEAR	
HALF YEAR (<i>only available after 1 March</i>)	
REINFORCED COCKPIT ORIENTATION A Reinforced cockpit test is required every 2 years	<input checked="" type="checkbox"/>
I HAVE completed the Orientation in the past 2 years (please provide proof or date of last test)	
I HAVE NOT completed the Orientation in the past 2 years	

FORMULA FUTURE SAFETY ORIENTATION	
I HAVE completed a Formula Future Safety Orientation (please provide proof or date of last test)	
I HAVE NOT completed a Formula Future Safety Orientation	

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.

DECLARATION BY THE APPLICANTS PARENT OR GUARDIAN:

An applicant making a false declaration is liable to refusal or cancellation of membership.

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

- The applicant is in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein.
- **Neither myself or the applicant will do anything that will bring powerboat racing or the Australian Power Boat Association into disrepute.**
- The applicant is 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 or the applicants 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.

SIGNATURE OF APPLICANTS PARENT or GUARDIAN:	SIGNATURE OF WITNESS	DATE:

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 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	NAME of OFFICIAL (Please print)	OFFICE HELD	DATE

LICENCE ISSUING OFFICER USE ONLY

Licence Number:	Date Issued	Issued by:

Return the completed form to: NSW Licence Officer, PO Box 23, REGENTS PARK NSW 2143

APPLICANT DETAILS
SURNAME _____ **First Name** _____
ADDRESS _____
 _____ **POSTCODE** _____
Phone Number: _____ **Date of Birth:** ___ / ___ / ___
 Has your child ever been refused an APBA Licence? YES NO
BY SIGNING THIS FORM I CERTIFY THAT:
 My Child has no other illnesses, conditions or any other physical or mental condition that would make it dangerous for them or others driving a racing powerboat.
 That my child has not been advised by any medical person to refrain from contact sports or activities where physical exertion is required, or from activities where my child will be subject to physical abuse.

LICENCE OFFICER USE ONLY	
LICENCE NUMBER	YEAR
FORMULA FUTURE LICENCES ONLY	

HAS YOUR CHILD EVER SUFFERED FROM:

1	Nervous Disorder? (Nerves, Neurasthenia or anxiety attack)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	10	Earache or discharge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Headaches?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	11	Surgical operation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Fits or convulsions, blackouts, fainting or giddiness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	12	Injuries related to Motor Sport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Asthma or lung disease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	13	Other injuries?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Epilepsy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	14	Other illnesses not mentioned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	Head Injury or concussion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	15	Any form of medication taken on a regular basis, as prescribed by a medical professional?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	Diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	16	Any known allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	Heart Disease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	17	Bleeding disorders?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	Deafness or noises in the ear?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

IF YES TO ANY OF THE ABOVE, STATE QUESTION NUMBER AND GIVE FULL DETAILS HERE (Attach a separate sheet if insufficient space provided)

DECLARATION TO BE SIGNED BY PARENT or GUARDIAN: *(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 withdraw my child from exercising the privileges of this licence, and to notify the APBA Medical Assessor and submit my child to a further medical examination, the results of which are to be forwarded to that assessor.
 I undertake not to allow my child to use any drugs, medication or substances that might be considered illegal within a period of 48 hours prior to using this competition licence, which might have any affect upon his/her performance, concentration or driving ability.
 I agree to undertake to allow my child 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 that my child has previously attended.

SIGNATURE OF APPLICANTS PARENT or GUARDIAN:	PRINT NAME	DATE:
SIGNATURE OF WITNESS:	PRINT NAME	

Return the completed form to: NSW Licence Officer, PO Box 23, REGENTS PARK NSW 2143