

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 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 (Multiple classes are permitted)		<input checked="" type="checkbox"/>
INBOARD DISPLACEMENT	I	
INBOARD HYDROPLANE	IH	
OUTBOARD (excluding Hydro & Tunnels)	O	
OUTBOARD HYDROPLANE	OH	
OFFSHORE	OS	
REINFORCED COCKPIT TEST: A Reinforced cockpit test is required every 2 years		<input checked="" type="checkbox"/>
I HAVE completed a test in the past 2 years (Provide proof or Date of Last Test)		
I HAVE NOT completed a test in the past 2 years		

LICENCE GRADE (one only)	<input checked="" type="checkbox"/>
UNLIMITED	
LIMITED	
RESTRICTED (including Formula 4-S)	
CATEGORY OF LICENCE (one only)	<input checked="" type="checkbox"/>
FULL YEAR	
PROBATIONARY	
HALF YEAR	
SINGLE EVENT	

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 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.

SIGNATURE OF APPLICANT:	PRINT NAME:	DATE:
SIGNATURE OF WITNESS:	PRINT NAME:	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 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		
Licence Number:	Date Issued	Issued by:

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