

VISITING TRAINER'S PERMIT



OFFICE USE ONLY:	
DATE: _____	
REC. NO: _____	
AMOUNT: _____	INIT: _____
APPROVED / NOT APPROVED	
BADGE/ID: <input type="checkbox"/>	

I wish to apply for a permit to train the horses listed on this application under Australian Rules of Racing 80 as a visiting Trainer in the Northern Territory for the period:-

_____ to _____

Trainers are required to contribute to workers compensation insurance during the period of their visit at a rate of \$200 (inc GST) per month (or part thereof) of their stay.
TAX INVOICE available upon request and payment of fees.

SURNAME: GIVEN NAMES:

USUAL RESIDENTIAL ADDRESS:

CITY: STATE: POST CODE:

USUAL POSTAL ADDRESS:

CITY: STATE: POST CODE:

VISITING RESIDENTIAL ADDRESS:

DATE OF BIRTH: EMAIL:

HOME PHONE: MOBILE PHONE:

Horses listed on this form are stabled at:

CURRENTLY LICENSED BY STATE SEASON

I ACKNOWLEDGE THAT ANY PERMIT GRANTED TO ME IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. To observe and be bound at all times by the Rules of Racing and such Rules, Regulation, Conditions and Directions as may from time to time be made or given by the Committee or Officials of the Board.
2. That I shall be bound at all time by the said rules, and by the Constitution of the Board, and such rules, regulations, conditions and directions as may from time to time be formed, made or given by the Committee, Stewards or Officials of the Board.
3. That I shall be bound by the Regulations in force at any time in respect of any training tracks used by me.
4. That I shall notify the Board of any horse entering or leaving my stable and of any change in the details already submitted.
5. That I will, on request, permit the Stewards or Officials of the Board to enter and inspect my property and to exercise their powers under the provisions of ARR 8 (g), (j) and (k).
6. That no guarantee is given as to the safety or suitability of tracks provided by the Board for racing or training purposes.
7. That I undertake to maintain financial membership of the Board's Workers Compensation Insurance Scheme when called upon to do so, and that I further undertake not to cancel the said policy without giving the Committee 28 days notice in writing. I realise that my license or permit may be withdrawn if I default in this clause.
8. I Agree not to make any public statement or comment concerning any matter currently the subject of investigation or inquiry before the Stewards, Board, Committee or Appeals Body

Thoroughbred Racing NT collects personal information about you when you apply for a license pursuant to the Northern Territory Racing and Betting Act and the Rules of Racing. Thoroughbred Racing NT, as part of its licensing and disciplinary processes may disclose such information to third parties as part of the process of considering whether to grant or maintain your licence. You do not have to supply any information sought but failure to do so may result in your application for a licence being refused or withdrawn. By completing and submitting this form, you authorise the Thoroughbred Racing NT to collect, use and disclose personal information about you for the purpose of the Racing and Betting Act and the Rules of Racing.

I HEREBY DECLARE THAT ALL PARTICULARS PROVIDED IN THIS APPLICATION ARE TRUE AND CORRECT.

Authority to Deduct

I hereby agree to have any monies owed by me to the ASTC, DTC or TRNT deducted from my Stakes Payment Percentages.

SIGNED: _____ DATE: _____

HORSES

1.	5.
2.	6.
3.	7.
4.	8.

STABLEHANDS

1.	3.
2.	4.

APPRENTICES

1.	2.
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PUBLIC LIABILITY INSURANCE

YES <input type="checkbox"/> I currently <u>DO</u> have Public Liability Insurance	NO <input type="checkbox"/> I <u>DO NOT</u> currently have Public Liability Insurance
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OFFICE USE ONLY:	
CLEARANCE ISSUED BY: _____	AUTHORISED BY: _____
DATE PAID: ____/____/____	RECEIPT NO: _____
COMMENTS: _____ _____	

ANY TRAINER WHO CANNOT PRODUCE AN INSURANCE POLICY TO COVER HIS/HER ACTIVITIES WHILST TRAINING IN THE NORTHERN TERRITORY IS REQUIRED TO TAKE OUT COVER WITH THAT CLUB'S INSURER AS A VISITING TRAINER. ALL TRAINERS MUST COMPLY WITH THIS CONDITION PRIOR TO WORKING ANY HORSES ON ANY TRACK UNDER THE CONTROL OF THOROUGHBRED RACING NT.