

Application to Register a Standardbred Stud/Stallion & Licence Studmaster or Artificial Breeding Technician

Application to be lodged prior to 1st October in the applicable Breeding Season
(2016/17 season)

STUD DETAILS

Name of Stud

Address

Telephone	Mobile	Fax
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STUD OWNER / LESSEE DETAILS

Stud Owner's/Lessee's Name

Address

Telephone	Mobile	Fax
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Acknowledgement: I/We hereby declare that all particulars in this application are true and correct and agree to be bound by and comply with all the rules and regulations of Harness Racing NSW and all determinations made, and requirements imposed, by the Controlling Body.

Stud Owner's/Lessee's Signature	Date
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STUDMASTER DETAILS

Studmaster's Name

Address

Telephone	Mobile	Fax
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Email Address

Are you the owner/part owner or are you fully employed at the stud?

List any relevant qualifications or courses completed:
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Have you been previously employed in this capacity and if so, give details:

Have you previously held a licence with any Racing Authority? YES / NO If YES, which authority:
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Have you ever been refused a licence by any Racing Authority? YES / NO If YES, which authority & provide details:
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Have you ever been disqualified for an offence under any Racing Authority rule? YES / NO If YES, which authority:
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Have you ever been convicted of a criminal offence in any Court of Law? YES / NO If YES, provide details:
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Acknowledgement: I/We hereby declare that all particulars in this application are true and correct and agree to be bound by and comply with all the rules and regulations of Harness Racing NSW and all determinations made, and requirements imposed, by the Controlling Body.

Studmaster's Signature	Date
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ARTIFICIAL BREEDING TECHNICIAN DETAILS

Artificial Breeding Technician or Veterinary Surgeon's Name:

Address:

Telephone

Mobile

Fax

Are you a qualified Veterinary Surgeon? YES / NO

If not a Veterinary Surgeon, list any relevant courses completed or qualifications:

Declaration: I hereby declare that all particulars in my application are true and correct. I also declare that I have inspected the place where it is proposed to practise artificial breeding and I am satisfied that it conforms to the requirements for that purpose.

Signature of Artificial Breeding Technician

Date

STALLION DETAILS

Stallion Name:

Type of Service:

HAND PADDOCK AI FROZEN AI CHILLED

Authorisation of Stallion Owner to stand Stallion:

Date:

Stallion Name:

Type of Service:

HAND PADDOCK AI FROZEN AI CHILLED

Authorisation of Stallion Owner to stand Stallion:

Date:

Stallion Name:

Type of Service:

HAND PADDOCK AI FROZEN AI CHILLED

Authorisation of Stallion Owner to stand Stallion:

Date:

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Authorisation of Stallion Owner to stand Stallion:

Date:

Stallion Name:

Type of Service:

HAND PADDOCK AI FROZEN AI CHILLED

Authorisation of Stallion Owner to stand Stallion:

Date: