

# Licence as Owner/Trainer

**To be completed by persons wanting to work in an official capacity. Owner/Trainer licence applications require Racing Integrity Unit (RIU) inspection of facilities.**

**Note:** An Owner/Trainer must have a share in the greyhound concerned, and is restricted to shares in up to five partnerships or syndicates

## COMPLETE THE FOLLOWING PERSONAL DETAILS:

|                          |              |      |           |
|--------------------------|--------------|------|-----------|
| <b>Name of applicant</b> | First Names: |      |           |
|                          | Surname:     |      |           |
| <b>Address</b>           | Street:      |      |           |
|                          | Suburb:      |      |           |
|                          | Town/City:   |      | Postcode: |
|                          |              |      |           |
| <b>Date of Birth</b>     | DOB:         | Age: |           |
|                          |              |      |           |
| <b>Contact Details</b>   | Home Phone:  |      | Mobile:   |
|                          |              |      |           |
|                          | Email:       |      | Fax:      |
|                          |              |      |           |

|  |                           |
|--|---------------------------|
| <b>Fee: \$95 per year</b><br>Includes monthly subscription to On Track magazine. | <b>Person to invoice:</b> |
|  | <b>Email Address:</b>     |

## OFFICE USE ONLY:

|  |                  |                     |
|--|------------------|---------------------|
| Approved for invoicing:                      | Invoice details: | Loaded in database: |
| Service:                                     | Payment details: | Licence card sent:  |
| Assessments received (Theory and Practical): |                  |                     |



**Complete the following occupation details:**

Do you have any other form of occupation?

Yes  No

If YES, please provide details below:

.....  
.....  
.....

**COMPLETE THE FOLLOWING EMERGENCY CONTACT DETAILS:**

|  |  |
|--|--|
| Name a person to contact in case of an emergency |  |
| Relationship to you                              |  |
| Contact number                                   |  |

**COMPLETE THE FOLLOWING TRAINING FACILITY DETAILS:**

|   |                              |                             |           |
|---|------------------------------|-----------------------------|-----------|
| <b>Address</b>  | Street:                      |                             |           |
|   | Suburb:                      |                             |           |
|   | Town/City:                   |                             | Postcode: |
| <b>Does applicant reside there?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |           |
| <b>Does applicant own the property?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |           |
| <b>If leased or rented, provide property owner's name and address</b>   |                              |                             |           |
| <b>Date to be imported</b>  |                              |                             |           |
| <b>Provide tenancy details e.g. length of tenure</b>  |                              |                             |           |
| <b>Provide number of kennels</b>  |                              |                             |           |
| <b>Have you obtained all required local council resource consents for your facility and are able to provide relevant documentation if required?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |           |

Please specify the number of greyhounds you have on the property at the time of completing this form. If there is more than one Licensed Person working at this property, only specify the number of greyhounds you are responsible for:

.....(greyhounds)





**Complete the following licensing details** (attach supporting documents where relevant):

Have you previously been registered with Greyhound Racing New Zealand (GRNZ) or any other racing body?

Yes  No

If YES, please provide details below:

.....  
.....  
.....

Name of racing body: ..... Type of licence:.....

Check the relevant boxes below if you have ever been disciplined for any reason in connection with Greyhound Racing, Harness Racing or Thoroughbred Racing?

Suspended  Disqualified  Warned Off  Fined

If YES, please provide details of all offences:

Have you ever been convicted of a criminal offence? Are you currently facing criminal charges?

Yes  No

If YES, please provide details:

.....  
.....  
.....

Have you ever been granted an exemption by the racing industry's Exemption Committee?

Yes  No

If YES, when?

.....  
.....  
.....

**Note:** Supplying false or misleading information could lead to the applicant being permanently disqualified.



## Privacy Declaration

This information is being collected and will be held at the office of Greyhound Racing New Zealand (GRNZ) in Wellington in accordance with the Privacy Act 1993 for administrative purposes only. Without the requested information, GRNZ may not be able to process the matters relating to this form.

You agree that the personal information supplied by you may be retained by GRNZ, who will not disclose the information unless for administrative purposes or if required by law. You can access your personal information from the GRNZ office on Level 4, 106-110 Jackson Street, Petone, Wellington for inspection and/or amendment as necessary.

### Declaration (all applicants to read)

I .....(applicant's name) certify that the information within this application is true and correct.

I agree to be bound by and recognise the rules of Greyhound Racing New Zealand (GRNZ), or any other authority or person authorised by such rules.

I will provide additional information, as shall be reasonably required by the GRNZ, in respect of this application.

At the date of this application I am 18 years of age or older OR my parent/legal guardian has signed the Consent of Minors declaration above.

I have read and understood the Greyhound Racing New Zealand Health and Welfare Standards and understand the consequences of non-compliance.

Any certificate of license that may be issued to me is, and will remain, the property of GRNZ and must be produced or returned on the demand of an authorised GRNZ officer or by a RIU Stipendiary Steward.

I am aware that my licence can be revoked by GRNZ at any time (Rule 83.1).

I agree to notify GRNZ of any changes to my personal details as soon as possible (within 3 days) so my records can be updated.

I am aware of an agreement to be bound by the conditions of licensing as detailed in this form.

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**Applicant's signature**

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**Date**

**Head of Racing Approval:**

Yes  No

**Comments:**

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**Conditions of Licence:**

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**Head of Racing Signature**

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**Date**

