OFFICE USE ONLY
Type of Licence(s)

R90-A

www.trotting.co.za

APPLICATION FOR LICENCE

(All question to be answered)
(Reverse side must be completed)

Surname | Mr/Mrs/Miss/Ms | Date of Birth

Given Names | Place of Birth

Residential Address
Number | Street | Suburb/Town

Post Code

Postal Address "As Above" or
Box Number | Street | Suburb/Town

Post Code

Telephone Private | Telephone Business

Mobile | Facsimile

Bank Branch No | Bank (NAB, Westpac etc)

Account Number | Account Name

I agree that all fees due to me may be paid into the above bank account.

PREFERRED NAME: For racebook and form guide purposes, you may wish to be known by an abbreviated version of your name of your second given name. If so, please advise the preferred name.

COMPLETE THE FOLLOWING:

Have you previously held a licence with any Racing Authority?	Yes/No	If yes, which Authority ____________________
Have you ever been refused a licence by any Racing Authority?	Yes/no	If yes, which Authority ____________________
Have you ever been disqualified by any Racing Authority?	Yes/No	If yes, provide details ____________________

Are you *Employed/*Self Employed/*Unemployed

Occupation

Employer

TRAINER ONLY:

Do you * Lease/*Own Stables
If leased, name and address of owner

Address of Stables

Nearest Racing Track | Training

Name of Stablehand

DECLARATION:
I hereby declare that all particulars are true and correct.

Date: / / Signature: ______________________________

PAYMENT

TYPE OF LICENCE REQUIRED (Please tick appropriate box/es)

Driver Grade C	☐		☐	
Driver Grade B	☐		☐	
Driver Grade A	☐		☐	
Trainer Grade C	☐		☐	
Trainer Grade B	☐	In partnership with	☐	☐
Trainer Grade A	☐	----------------------------------	☐	☐
Stablehand	☐		☐	☐

MEDICAL EXAMINATION

(ALL DETAILS MUST BE SUPPLIED AND QUESTIONS ANSWERED)

PRESENT STATE OF HEALTH Male Female

1. Present Weight ☐☐ kgs

2. Height ☐☐☐ cms

3. Have you any defect in sight? Yes ☐ No ☐

4. Are you presently receiving medical Treatment? Yes ☐ No ☐

5. Are you, or have you ever been in receipt of a sickness Benefit of Worker's compensation Payment? Yes ☐ No ☐

6. Have you any physical defects? Describe Yes ☐ No ☐

____
____
____
____
____

PAST HISTORY *Have you ever suffered from any of the following?*

	Yes	No
7. High Blood Pressure	☐	☐
8. Blood in urine or faeces	☐	☐
9. Rheumatic Fever Rheumatism, Joint pain or Frequent Headache	☐	☐
10. Epilepsy or Fits	☐	☐
11. Weak Heart or Heart Disease	☐	☐
12. Shortness of Breath or dizziness	☐	☐
13. Swelling of Ankles or Kidney Ailment	☐	☐
14.Cronic Cough or Sputum	☐	☐
15. Tuberculosis	☐	☐
16. Digestion or Stomach Disorders	☐	☐
17. Frequent Diarrhea or Dynsentry	☐	☐
18. Deafness or Discharging Ear	☐	☐
19. Asthma or Severe Hayfever	☐	☐
20. Diabetes	☐	☐
21. Frequent Headache or Migraine	☐	☐
22. Mental illness or Nervous Breakdown	☐	☐
23. Any other illness or medical condition. *Give Details*	☐	☐
24. Have you had any previous medical condition. *Give details*	☐	☐

DECLARATION
I declare that all answers are true and correct. I agree to advise the Controlling Body of any change in my medical condition which may effect my ability to carry out licenced activities.

Signature of Applicant ______________________________ Date / /
(note r.299)

MEDICAL PRACTITIONERS REPORT (Medical Practitioners Use Only)

General Appearance

Is there any Hernia

Nervous System

Ear, Nose, Throat

Gland Areas

Lungs

Abdomen

Condition of Spine, Limbs, Joints

Blood Pressure

Systolic	mmHg	Diastolic	mmHg

Conditions of Heart - Size	Sounds

Rhythm	Pulse Rate

Sight

Uncorrected				Corrected			
R6/		L6/		R6/		L6/	

Hearing

Right		Left	

Urine

Glucose	Albumin

Detail any relevant aspects of History

EXAMINERS STATEMENT

This applicant is *fit /*unfit to drive/*train/*work as stablehand/requires referral to Medical Panel to decide on fitness.

Name of Examing Doctor

Address

Signature of Doctor

Date