



GREYHOUNDS QUEENSLAND LIMITED
 Albion Park Raceway, Breakfast Creek 4010
 PO Box 250, Albion 4010 Phone 3262 7800 Fax 3262 7809

APPLICATION – LICENCE RENEWAL
 ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

I HEREBY APPLY FOR RENEWAL OF MY LICENCE NUMBER. _____

PLEASE CIRCLE APPLICABLE LICENCE AND PERIOD OF RENEWAL

ATTENDANT		TRAINER CLASS 1		TRAINER CLASS 2		TRAINER CLASS 3		TRAINER CLASS 4		TRAINING TRACK OPERATOR		STUD MASTER		BOOKMAKERS CLERK
1year	\$20	1year	\$70	1year	\$52	1year	\$52	1year	\$52	1year	\$52	1year	\$45	\$48.00
3years	\$51	3years	\$178	3years	\$133	3years	\$133	3years	\$133	3years	\$133	3year	\$115	

SURNAME: (Mr./Mrs./Ms.)

CHRISTIAN NAMES:

RESIDENTIAL ADDRESS:

.....POST CODE:

POSTAL ADDRESS:

.....POST CODE:

TELEPHONE NO.: (Private): (Business/Mobile):

DATE OF BIRTH: OCCUPATION:

EMAIL ADDRESS:

ARE YOU REGISTERED WITH GQL AS AN OWNER?YES/NO
 (PLEASE ANSWER BY CIRCLING YES OR NO)

IF YOU ARE A REGISTERED OWNER, DO YOU WISH TO RETAIN THE REGISTRATION?YES/NO
 (PLEASE ANSWER BY CIRCLING YES OR NO)

NAME THE GREYHOUND RACING CLUB IN CLOSEST PROXIMITY TO YOUR RESIDENCE:

HAVE YOU EVER BEEN DISQUALIFIED, SUSPENDED, WARNED OFF, FINED OR LISTED AS A DEFAULTER IN CONNECTION WITH ANY CODE OF RACING, OR IN THE PAST 5 YEARS BEEN CONVICTED OF A CRIMINAL OFFENCE PUNISHABLE BY FINE OR IMPRISONMENT?
 IF YES, PLEASE PROVIDE FULL PARTICULARS ON SEPARATE SHEET.

I hereby make application to Greyhounds Queensland Limited for a licence as indicated and in consideration of such application being granted, I agree to be bound by and comply with –

1. The rules of greyhound racing of GQL.
2. All decisions and directions of GQL which it is empowered to make or give.
3. GQL reserves the right to request the applicant to provide a National Police Certificate.
4. Greyhound accommodations shall be open to inspection by authorised officers of GQL or Stewards at any time.

I declare that the information tendered in this application is true and accurate.

Signature of Applicant: Dated:

OFFICE USE ONLY	License No.:	Expiry Date	Kennel Check:	Date Received:
	Receipt No.:	Licence Posted:		

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

