## OWNER, ATTENDANT AND RACE OFFICIAL REGISTRATION **APPLICATION FORM**



Your application must include:		Checklist				
Colour passport photograph						
Copy of other racing body registration (if	applicable)					
Fee Payment						
Certificate of completion of registration knowledge test (if applying for an attended)	dant registration)					
Any missing documents can delay the processing of your application.  This form is to be completed if you are to own or keep a greyhound for racing (owner), to control a greyhound at a race, trial on a property where greyhounds are kept (attendant), or engage in an official capacity as a judge, lure driver, starter, kennel & track attendant, or swabbing official.  Clause 12(2)(a) of the Greyhound Racing Regulation 2019 provides authority for the Commission to ask you for information necessary to determine whether to grant or refuse your application.						
Which type of registration are you	applying for? (Se	elect one or mo	re)			
Owner	Attendant					
Race Official						
Judge	Starter	Sample	Collection Official			
Kennel & Track Attendant	Lure Driver					
Personal details						
Title						
Mr Mrs Miss	Ms	Dr	Other			
First name	Middle name		Surname			
Date of birth	Existing Registration	n Number (if appli	cable)			
Suburb of birth	State of birth		Country of birth			
Telephone number/s						
Home	Mobile		Daytime			
Email address						



Preferred contact method	Receive SMS alerts						
Email SMS	Mobile Home Post	Yes No					
Residential address							
Address							
Suburb	State	Postcode					
Postal address (if different to re	esidential address)						
Address							
Suburb	State	Postcode					
Questionnaire							
Your response/s to these questions are IMPORTANT. The Commission will act upon the responses you make in this application. If you provide an incorrect or false response the Commission may take disciplinary action against you. This may include refusing your application.							
	suspended, warned off or listed as a de	efaulter in any racing code?					
Yes No							
2. Have you ever been charged wit	h any criminal offence?						
Yes No							
3. Do you have a current firearms lie	cence?						
Yes No							
If you answered 'Yes' to any of the above questions, please provide details below:							



_		
$D \triangle C$	uetration	nariad
KEC	istration	Pelloa

How	many years would you like to register for?									
	1 year 3 years									
Pay	ment details (please visit our website for the current fees)									
	e your application has been approved, you will be contacted for paymink via email. Payments can be made with credit or debit card, PayID,					u wil	l rece	eive (	a se	ecure
Dec	claration and authorisation									
I decl	are that all information I have provided in this form is:									
a)	Complete in all material respects; and									
b)	True and correct to the best of my knowledge.									
	erstand, acknowledge and agree that:									
a)	I consent to the Commission collecting, using and disclosing my personal information, an including to any third party, where such disclosure is necessary to process an application consent for the Commission to obtain a National Police History Check on my behalf;									
b)	In processing my application for registration, the Commission may require additional infor necessary to determine whether to register or refuse to register me as a greyhound racing requested to provide any additional information I fail to provide the information, the Comracing industry participant;	indust	ry partic	ipant	. If af	ter 21	days o	of beir	ng '	
c)	If the Commission later determines that any information I have provided is, incorrect or de against me, which could include suspension or disqualification of my registration or a war	ning o	ff;			,		,	take	en
d)										
e)	While I am a greyhound racing industry participant, I will comply at all times with the provi Racing Regulation 2019, Greyhound Racing Rules, Code of Practice and the Commission's			eyhou	ind R	acing	Act 20	JI/, Gi	reyn	ound
Privo	асу									
	ning this form you consent to the Greyhound Welfare & Integrity Commission collecting, using compliance with the Commission's Privacy Statement, a copy of which can be found at gw			d disc	losin	g pers	onal ir	nform	atio	n about
Sign	ature of applicant	0	Date							
				,			,			

## Please submit this completed form to GWIC by either:

- Email registration@gwic.nsw.gov.au
- Post PO Box 718, Bathurst NSW 2795
- In person Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.