

Tick one box <input type="checkbox"/>		LICENCE RENEWAL			NEW LICENCE APPLICATION		
Name:							
Address:							
Suburb:				Post Code:			
Phone:			NFP*	Email:			
Date of Birth		APBA Affiliated Club:					
SBA LICENCE NUMBER and EXPIRY DATE:			State of Issue:		APBA Race No: (if applicable)		

\*Not for Publication: By ticking this box, your contact details will not be included on ANY APBA mailing lists

CLASS OF LICENCE (Multiple classes are permitted)		<b>R</b>
INBOARD DISPLACEMENT	I	
INBOARD HYDROPLANE	I/H	
OUTBOARD (excl Hydroplane)	O	
OUTBOARD HYDROPLANE	O/H	
DRAG	D	
JUNIOR	J	
OFFSHORE	O/S	
INFLATABLE	P	

LICENCE GRADE (one only)	<b>R</b>
UNLIMITED	
LIMITED	
RESTRICTED	
JUNIOR	
DRAG ONLY	

CATEGORY OF LICENCE (one only)	<b>R</b>
FULL YEAR	
PROVISIONAL	
HALF YEAR	
JUNIOR	
SINGLE EVENT	

To be eligible to compete in any APBA Sanctioned event, the owner is required to have current financial membership of the APBA and the driver must hold an appropriately endorsed APBA Competition Licence.

REINFORCED COCKPIT TEST: A Reinforced cockpit test is required every 2 years	<b>R</b>
I HAVE completed a test in the past 2 years (please provide proof or date of last test)	
I HAVE NOT completed a test in the past 2 yrs	

**DECLARATION BY THE APPLICANT:** AN APPLICANT MAKING A FALSE DECLARATION IS LIABLE TO REFUSAL OR CANCELLATION OF MEMBERSHIP.

I hereby apply for the issue / renewal of an APBA Competition Licence, endorsed for the type and class of boat that I am experienced in driving as indicated by myself on this application.

I declare that I am in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein. I will not do anything that will or may bring power boating into disrepute.

I declare that I am in possession of a current State Boating Licence as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.

I agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

I have enclosed the prescribed fee and certify that the particulars given herein are true and correct and I will notify the Association if any change occurs.

SIGNATURE OF APPLICANT:	SIGNATURE OF WITNESS	DATE:

**DECLARATION BY THE APPLICANTS CLUB:** (To be completed only by an authorised Club Official)

WARNING TO CLUB OFFICIALS: PLEASE read this carefully and strike out the sections that DO NOT apply.

FULL or HALF YEAR LICENCE APPLICATIONS		PROVISIONAL SINGLE EVENT APPLICATIONS	
I certify that the above named is a Full Financial Member of the above-mentioned APBA Affiliated Club. In my opinion and from the skill, competence and demeanour displayed in my presence or from the documentation provided showing that they have competed in races over the past 2 seasons (e.g. signatures in Rule Book) is a suitable applicant to hold an APBA Competition Licence as requested above. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.		I certify that the above named is a Full Financial Member of the above-mentioned APBA Affiliated Club and is applying for a Licence as requested above. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.	
SIGNATURE of CLUB OFFICIAL	NAME of OFFICIAL (Please print)	OFFICE HELD	DATE

OFFICE USE ONLY

Licence Number:	Date Issued	Issued by: