

DAY LICENCE APPLICATION

Name:

Form23D Amended August 2005

THIS LICENCE IS INTENDED TO BE USED ONLY FOR FORMER DRIVERS BACK TO THE SPORT

Address:											
Suburb:							Post Code:				
Phone:				NFP*		Email:					
Date of birth	n			APBA Affiliated Club:							
SBA Licence Number and Expiry Date:						of Issue:		APBA Race No (if applicable):			
SBA Registration No and Expiry Date					State of Issue						
The next Section only if driver is different to the above											
Name:											
Address:											
Suburb:	uburb:						Post Code:				
Phone:			NFP*	Email:			•				
Date of birth	1			APBA Affiliated Club:							
SBA Licence Number and Expiry Date:						of Issue:			Race No plicable):		
CLASS OF LICENCE REQUESTED)	\mathbf{R}			GRADE OF BO	OAT (or	ne only)	\mathbf{R}	
INBOARD DISPLACEMENT		1		UNLIMITED							
INBOARD HYDROPLANE		I/H		LIMITED RESTRICTED							
OUTBOARD (excl Hydroplane)		0		DRAG ONLY							
OUTBOARD HYDROPLANE		O/H		_							
DRAG			D								
DECLARATION BY APPLICANT											
I hereby apply for the issue of an APBA DAY Licence, endorsed for the type and class of boat that I am experienced in driving as indicated by myself on this application.											
I acknowledge that this Licence is conditional and that all rules must be complied with as specified in the Club's Driver's Briefing and that I further agree to follow any instructions issued by any Club or APBA Official. 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 and/or Registration 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 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: DATE:											
SIGNATURE OF WITNESS:						PRINT	Γ NAME:	NAME:		DATE:	
ADDRESS OF WITNESS:											
ABBRESS	OF WI	TNESS:									
ISSUING CL	_UB US	E ONLY	NAME of	OFFICIA	AL (Please	nrint)	OFFICE HI			UB	