

PO Box 1034 BANKSTOWN NSW 1885 T 02 9722 6600 F 02 8580 5792 registration@hrnsw.com.au www.hrnsw.com.au

## **APPLICATION TO REGISTER A STANDARDBRED STUD FACILITY & LICENCE STUDMASTER**

(2025 / 2026 Breeding Season)

Application <u>must</u> be lodged with HRNSW prior to 1<sup>st</sup> September 2025

| STUD FACILITY INFORMATION   |                                  |   |        |   |                       |                      |           |
|---|----------------------------------|---|--------|---|-----------------------|----------------------|-----------|
| Name of Stud Facility   |                                  |   |        |   | Property Ide          | entification Code (P | IC)       |
| Street Address  |                                  |   |        |   |                       |                      |           |
| Land Line   |                                  | Mobile  |        | Email Address   |                       |                      |           |
| STUD FACILITY OWNER INFORMATION   |                                  |   |        |   |                       |                      |           |
| Stud Facility Owner Name  |                                  |   |        |   |                       |                      |           |
| Postal Address  |                                  |   |        |   |                       |                      |           |
| Land Line   |                                  | Mobile  |        | Email Address   |                       |                      |           |
| and all determinations made, and requ   |                                  | all particulars as set out above are true a ments imposed, by the Controlling Body. |        | orrect and agree to be bound by and comply with all   | rules and regulations | of Harness Racir     | ng NSW    |
| Stud Facility Owners Signature  |                                  |   |        | Date  |                       |                      |           |
|   | APPLICANT STUDMASTER INFORMATION |   |        |   |                       |                      |           |
| Applicant Studmaster Name   |                                  |   |        |   |                       |                      |           |
| Postal Address  |                                  |   |        |   |                       |                      |           |
| Land Line   |                                  | Mobile  |        | Email Address   |                       |                      |           |
| Are you the owner / part owner of the   | ne S                             | tud Facility or are you fully employed at   | the S  | itud? (circle one)                                    | YES                   | NO                   |           |
| Have you previously held a licence, i   | n ar                             | ny capacity, with a Racing Authority? (if Y   | ES, p  | provide details on Page 3, Point 1)                   | YES                   | NO                   |           |
| Have you ever been refused a licence, in any capacity, by any Racing Authority? (if YES, provide details on Page 3, Point 2)  YES  NO |                                  |   |        |   |                       |                      |           |
| Have you ever been disqualified for an offence under any Racing Authority rule? (if YES, provide details on Page 3, Point 3)  YES  NO |                                  |   |        |   |                       |                      |           |
| Have you ever been convicted of a c   | imi                              | nal offence in any Court of Law? (if YES,   | prov   | ide details on Page 3, Point 4)                       | YES                   | NO                   |           |
| Have you been previously employed in the capacity of Studmaster? (if YES, provide details on Page 3, Point 5)  YES  NO                |                                  |   |        |   |                       |                      |           |
| Do you hold relevant qualifications o   | r ha                             | ave you completed recognised training?  | (if YE | S, provide details on Page 3, Point 6)                | YES                   | NO                   |           |
| Acknowledgement: I hereby declare the   | nat :                            | all particulars as set out above and recor  | ded    | on Page 3 (as applicable) are true and correct and ag | ree to be bound by a  | and comply with a    | all rules |

and regulations of Harness Racing NSW and all determinations made, and requirements imposed, by the Controlling Body.

Harness Racing NSW shall, upon receipt of this application, review the applicant Studmasters existing licencing related information and shall, if deemed appropriate, request submission of additional documentation in support of this application before issuing a Studmaster licence for the 2025 / 2026 Breeding Season. Harness Racing NSW require Studmasters to provide suitable identification (ie: Birth Certificate, NSW Drivers Licence, Australian Passport) as well as a current Digital National Police Certificate (which must be obtained from the NSW Police Service website) and a recent digital photograph.

| Applicant Studmaster Signature | Date |
|--------------------------------|------|
|                                |      |

| VETERINARY SURGEON INFORMATION  |  |             |                       |                 |                     |                        |          |                    |
|---|--|-------------|-----------------------|-----------------|---------------------|------------------------|----------|--------------------|
| Veterinary Surgeon Name   |  |             |                       |                 | Registration Number |                        |          |                    |
| Name of Practice (if applicable)  |  |             |                       | 1               |                     |                        |          |                    |
| Postal Address  |  |             |                       |                 |                     |                        |          |                    |
| Land Line   | Mobile   |             | Email Address         |                 |                     |                        |          |                    |
| Acknowledgement: I hereby declare that and all determinations made, and require   |  |             | orrect and agree to b | oe bound by and | d comply with       | all rules and regulati | ons of F | larness Racing NSW |
| Veterinary Surgeon Signature  |  |             |                       |                 | Date                |                        |          |                    |
|   | ARTIFICIAL BREEDING  | G (A        | IR) TECHNICIA         | N INFORM        | IATION              |                        |          |                    |
|   |  | <b>-</b> (, | , 12011110111         |                 |                     |                        |          |                    |
| AB Technician Name  |  |             |                       |                 | Accreditation       | ı Number               |          |                    |
| Postal Address  |  |             |                       |                 |                     |                        |          |                    |
| Land Line   | Mobile   |             | Email Address         |                 |                     |                        |          |                    |
| Acknowledgement: I hereby declare that and all determinations made, and require   |  |             | orrect and agree to b | oe bound by an  | d comply with       | all rules and regulati | ons of F | larness Racing NSW |
| AB Technician Signature   |  |             |                       |                 | Date                |                        |          |                    |
| Harness Racing NSW (as applicable) for t<br>by stallions as officially registered with  | Note that the applicant Studmaster <u>must</u> nominate a qualified Veterinary Surgeon or an AB Technician registered and licenced by the Veterinary Practitioners Board of NSW or Harness Racing NSW (as applicable) for the 2025 / 2026 Breeding Season to undertake AB procedures where such procedures are to be carried out with respect to mares to be served by stallions as officially registered with Harness Racing Australia (HRA) for the 2025 / 2026 Breeding Season. It is further noted that such procedures may only be undertaken on registered and named Standardbred mares. |             |                       |                 |                     |                        |          |                    |
| SEMEN CONTROLLER INFORMATION  |  |             |                       |                 |                     |                        |          |                    |
| Semen Controller Name   |  |             |                       |                 |                     |                        |          |                    |
| Postal Address  |  |             |                       |                 |                     |                        |          |                    |
| Land Line   | Mobile   |             | Email Address         |                 |                     |                        |          |                    |
| Semen Physical Storage Address (1)  |  |             |                       |                 |                     |                        |          |                    |
| Semen Physical Storage Address (2)  |  |             |                       |                 |                     |                        |          |                    |
| Are you a qualified Veterinary Surgeon  | or registered AB Technician?   |             |                       |                 |                     | YES                    |          | NO                 |
|   |  |             |                       | <u> </u>        |                     | -                      |          |                    |
| If a qualified Veterinary Surgeon, please provide your Registration Number  |  |             |                       |                 |                     |                        |          |                    |
| If a registered AB Technician, please provide your Accreditation Number   |  |             |                       |                 |                     |                        |          |                    |
| Acknowledgement: I hereby declare that all particulars as set out above are true and correct and agree to be bound by and comply with all rules and regulations of Harness Racing NSW and all determinations made, and requirements imposed, by the Controlling Body. |  |             |                       |                 |                     |                        |          |                    |
| Semen Controller Signature  |  |             |                       |                 | Date                |                        |          |                    |

## **IMPORTANT NOTE**

Applications received that have not been correctly or fully completed will be returned unprocessed to the applicant from whom such application was received for correction and resubmission. This may result in a delay in processing the application or rule the applicant ineligible to apply if the amended application is not resubmitted and subsequently approved prior to 1st September 2025.

## **ADDITIONAL STUDMASTER INFORMATION**

Per the Applicant Studmaster Questionnaire (refer Page 1) please provide details to all questions for which you have responded to in the affirmative below

| 1) | Have you previously held a licence, in any capacity, with any Racing Authority?   |
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| 2) | Have you ever been refused a licence, in any capacity, by any Racing Authority?   |
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| 3) | Have you ever been disqualified for an offence under any Racing Authority rule?   |
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| 4) | Have you ever been convicted of a criminal offence in any Court of Law?   |
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| 5) | Have you ever been previously employed in the capacity of Studmaster?   |
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| 6) | Do you hold relevant qualifications or have you completed recognised training?  |
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