

NOVICE LICENCE APPLICATION

Form23N Amended August 2005

THIS LICENCE IS INTENDED TO BE USED ONLY FOR **NEW** DRIVERS TO THE SPORT

Name:														
Address:														
Suburb:								Post Code:						
Phone:				NFP*		Emai	I:		·					
Date of birth APBA Affiliated Club:														
SBA Licence Number and Expiry Date:			1	State of Issue:			APBA Race No (if applicable):							
SBA Registration No and Expiry Date				State of Issue		е								
The next Section only if driver is different to the above														
Name:														
Address:														
Suburb:								Post Code:						
Phone:				NFP*		Emai	I:							
Date of birth	APBA Affiliated Club:													
SBA Licence Number and Expiry Date:				Sta	te of Issue	e:		APBA Race No (if applicable):						
				_										
CLASS OF LICENCE REQUESTED			R				GRADE OF BO	AT (one o	only)	\mathbf{R}				
INBOARD DISPLACEMENT I					ı	UNLIMITED								
INBOARD HYDROPLANE I/		I/H				LIMIT								
OUTBOARD (excl Hydroplane)		0			RESTRICTED DRAG ONLY									
OUTBOARD HYD	OUTBOARD HYDROPLANE		O/H	l		_								
DRAG			D	_										
DECLARATION	N DV A	DDLLCANT												
DECLARATIO				or the tune of	ad class of l	post that I am a	vnorior	acad in driving as indicato	d by myself on	thic application				
I hereby apply for the issue of an APBA NOVICE 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.														
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Ī		OF APPLI		THEIGHTAIC	iruc ariu co	DATE:	ouly ur	C Association if any chang	ge occurs.					
SIGNATURE OF WITNESS:				PRINT NAME:			DATE:							
ADDRESS OF WITNESS:														
ISSUING CL			NIABAT	. 055101	AL (DI	mutural		055105115	- D	<u> </u>	LUB			
SIGNATURE OF	of CLUB OFFICIAL NAME of OFFI			OFFICI	IAL (Please print)			OFFICE HEL	CLUB					
											I			