



Department of Natural Resources and Environment Tasmania  
**Office of Racing Integrity**

Prospect Government Offices, 171 Westbury Road, Prospect 7250  
All mail addressed to: PO Box 1329, Launceston 7250  
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**X = SIGNATURE REQUIRED.** To apply a digital signature to this form either:  
(1) Use the "Sign Document" tool OR (2) Select "Fill & Sign" from the menu.

▶ **Payment Authorisation is on the last page of this form.** [Click here](#) to view Schedule of Fees or visit [nre.tas.gov.au](http://nre.tas.gov.au)

## Greyhound Breeding Activity Licence Application for the Period: 1/8/2023 until 31/7/2024

I hereby seek permission to be officially licensed for breeding activities for the 2023/24 season as:

**BREEDER** – The managing owner of a registered female greyhound who can apply for her registration as a Breeding Female and arrange for the service or artificial insemination. Also entitled to whelp, rear and pre-educate the litter of greyhound pups. I am aware that I must currently hold a licence which has owner privileges.

I have bred a litter of greyhounds previously and ask for consideration of my previous experience and knowledge,

**OR**

I have not bred a litter of greyhounds but ask for consideration of my experience and knowledge of other breeding practices or experience in whelping and/or rearing a litter of pups.

**WHELPER** – A person engaged by the breeder to have the day-to-day care, control and custody of the Breeding Female including whelping, care and custody of her litter until the pups have been ear tattooed, vaccinated and microchipped. I am aware that I must have attained 18 years of age. Unless I intend owning greyhounds, I understand that I am not required to hold another licence to obtain this registration.

**REARER** – A person who takes possession and thereby assumes responsibility for a greyhound pup for the purpose of rearing and education, from the time the pup has been ear tattooed, vaccinated and microchipped until such time as the greyhound is transferred to a trainer's racing kennel. I am aware that I must have attained 18 years of age. Unless I intend owning greyhounds, I understand that I am not required to hold another licence to obtain this registration.

I understand that my premises may be subject to an inspection by ORI Stewards as part of this registration or at any time determined appropriate. I am aware that I will need to submit the applicable Questionnaire Units of the Breeder's Education Package as listed below. I further acknowledge that, if issued, I will be required to renew this licence on an annual basis and pay any prescribed fees.

### Your details

TITLE: FIRST OR GIVEN NAMES: SURNAME:

PREFERRED NAME: DATE OF BIRTH: PLACE OF BIRTH:

POSTAL ADDRESS: SUBURB: STATE: POSTCODE:

**Please provide below residential address if that has changed from that which is already held on file by ORI.**

RESIDENTIAL ADDRESS: SUBURB: STATE: POSTCODE:

HOME PHONE: WORK PHONE: MOBILE: EMAIL:

Do you hold ANY licence with any other racing code or controlling body?  Yes  No

IF YES, PROVIDE DETAILS

**The following questions must be answered to assist with assessing your application:**

If you have bred a litter of greyhounds, please provide details including Sire, Dam, whelping date of the most recent litter and the number of other litters you have bred.

If you have not previously bred a Litter of greyhounds, please provide details of your experience and knowledge of breeding/whelping and/or rearing practices.

**Breeders education package questionnaire requirements**

- If you are only to be recorded as the registered breeder of a Litter *Complete Units 1 and 2*
- If you will be the registered breeder and will also be whelping the Litter *Complete Units 1, 2 and 3*
- If you will be engaged by the breeder to whelp the Litter *Complete Units 1, 2 and 3*
- If you will be the registered breeder, whelper and rearer of the Litter *Complete Units 1, 2, 3 and 4*
- If you will be engaged by the breeder to rear the Litter *Complete Units 3 and 4*

**Premises details**

ADDRESS WHERE WHELPING WILL OCCUR:	SUBURB:	STATE:	POSTCODE:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

NAME OF PROPERTY OWNER:	INDICATE "KENNEL" OR "HOME" (IF APPLICABLE)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

ADDRESS WHERE REARING WILL OCCUR:	SUBURB:	STATE:	POSTCODE:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

NAME OF PROPERTY OWNER:	INDICATE "KENNEL" OR "HOME" (IF APPLICABLE):
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Dams that you own, part own or have a breeding lease on, that you intend to use for breeding**

NAME OF GREYHOUND:	EAR BRAND:	MICROCHIP:	REGISTERED AS A BREEDING FEMALE?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Compulsory additional information**

- 1. Have you ever been or are you currently disqualified, suspended, warned off or listed as a defaulter by any thoroughbred, harness, or greyhound racing body?  Yes  No
- 2. Have you ever been convicted of any criminal offence (or placed on a bond) under your own name or any other name?  Yes  No
- 3. Are there any criminal charges or criminal prosecutions now pending against you?  Yes  No
- 4. Have you ever been charged with or convicted of an offence under the Animal Welfare Act 1993?  Yes  No

If you have answered YES to any of the above questions, please provide details below:

- 5. Do you grant ORI permission to release your address and/or telephone numbers?  Yes  No

I acknowledge that I have read and understand the Tasmanian Greyhound Rules of Racing.

**Declaration**

I declare that the information provided in this application, is to the best of my knowledge, true and correct. I am also aware that it is a serious offence under the Tasmanian Greyhound Rules of Racing to provide false and misleading information. In the event of such registration being granted, I acknowledge that the declaration made on my already issued greyhound licence (if applicable) is effective should this licence be issued.

SIGNATURE OF APPLICANT:

DATE:

X

**Payment Options are at the end of this document**

**Personal Information Protection Statement**


You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.

**OFFICE USE ONLY**

DATE RECEIVED:

DATE APPROVED:

APPROVED BY:

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## Payment Authorisation

Please complete and return this page with your completed form.

### 1. Credit Card Authorisation



CREDIT CARD TYPE:  VISA  Mastercard



CARD NUMBER:

EXPIRY DATE:

 / 

CCV:

NAME ON CARD:

CONTACT PHONE NUMBER:

AMOUNT:

CARD HOLDERS SIGNATURE:

X

I agree to NRE – Office of Racing Integrity charging my credit card with the amount shown above.

Please contact me to obtain credit card details once application forms have been submitted and received.

### 2. Other Payment Options

If you are not able to make a payment via a debit or credit card, please contact us to make an alternative arrangement.



**Telephone:** (03) 6777 1900



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