




Department of Natural Resources and Environment Tasmania

Office of Racing Integrity

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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.

Harness Stable Return

This form must be lodged immediately a horse comes under the control of a trainer with the intention of preparing a horse to participate in racing, or no later than close of business on the last working day prior to nominating a horse for a trial or race if any details herein have changed.

IMPORTANT Please choose one option: Original Amendment to original

Horse details

HORSE

MICROCHIP #:	BRAND SYMBOL (EG: SV==<<V=)	SEX:	FOALING DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner details

SYNDICATE NAME (IF APPLICABLE):

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE:	MOBILE:	EMAIL:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trainer details

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	LICENCE NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE:	MOBILE:	EMAIL:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address where the horse is or will be stabled

PROPERTY OWNER:	STABLE PHONE NO.:
<input type="text"/>	<input type="text"/>

ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I agree that this form shall constitute a part of each Nomination for this horse when entered in a race in Tasmania and I certify that the particulars shown are true and correct.

SIGNATURE OF TRAINER:	DATE:
<input type="text"/>	<input type="text"/>

Record of Horse's Gear

To be completed by the trainer prior to the lodgement of the trainer's first nomination for the horse.

HORSE'S NAME:

Place 'x' in appropriate boxes. Note: N/S = Near Side O/S = Off Side; *Denotes Compulsory Gear (A selection must be chosen)

<p>1. <input type="checkbox"/> Anti Choking Device</p> <p>2. <input type="checkbox"/> Bandages</p> <p>Bit*</p> <p>3. <input type="checkbox"/> Headcheck</p> <p>4. <input type="checkbox"/> Chin Rest</p> <p>5. <input type="checkbox"/> Snaffle</p> <p>6. <input type="checkbox"/> Straight</p> <p>7. <input type="checkbox"/> Rubber</p> <p>8. <input type="checkbox"/> Pulling</p> <p>9. <input type="checkbox"/> Lugging</p> <p>10. <input type="checkbox"/> Extension</p> <p>11. <input type="checkbox"/> Slipmouth</p> <p>12. <input type="checkbox"/> Lip Cord/Strap</p> <p>13. <input type="checkbox"/> Pulling Cord</p> <p>14. <input type="checkbox"/> Other</p> <p>Blinkers*</p> <p>15. <input type="checkbox"/> Open Bridle*</p> <p>16. <input type="checkbox"/> Dolly Vardon</p> <p>17. <input type="checkbox"/> Block</p> <p>18. <input type="checkbox"/> Telescopic</p> <p>19. <input type="checkbox"/> Hood</p> <p>20. <input type="checkbox"/> Pelling Pacifiers</p> <p>21. <input type="checkbox"/> Mesh Goggles</p> <p>22. <input type="checkbox"/> Murphy Blind N/S</p> <p>23. <input type="checkbox"/> Murphy Blind O/S</p> <p>24. <input type="checkbox"/> Spring Loaded</p>	<p>Boots</p> <p>25. <input type="checkbox"/> Bell</p> <p>26. <input type="checkbox"/> Knee</p> <p>27. <input type="checkbox"/> Shin/Tendon</p> <p>28. <input type="checkbox"/> Scalping</p> <p>29. <input type="checkbox"/> Bumper</p> <p>30. <input type="checkbox"/> Pastern</p> <p>31. <input type="checkbox"/> Bucking Strap</p> <p>Burr</p> <p>32. <input type="checkbox"/> Bit N/S</p> <p>33. <input type="checkbox"/> Bit O/S</p> <p>34. <input type="checkbox"/> Neckstrap N/S</p> <p>35. <input type="checkbox"/> Neckstrap O/S</p> <p>36. <input type="checkbox"/> Pole N/S</p> <p>37. <input type="checkbox"/> Pole O/S</p> <p>38. <input type="checkbox"/> Rein N/S</p> <p>39. <input type="checkbox"/> Rein O/S</p> <p>Cheekers</p> <p>40. <input type="checkbox"/> Sheepskin</p> <p>41. <input type="checkbox"/> Brush</p> <p>42. <input type="checkbox"/> Other</p> <p>43. <input type="checkbox"/> Crupper*</p> <p>Deafeners</p> <p>44. <input type="checkbox"/> Fixed</p> <p>45. <input type="checkbox"/> Hood</p> <p>46. <input type="checkbox"/> Removable</p> <p>47. <input type="checkbox"/> Gaiting Strap N/S</p> <p>48. <input type="checkbox"/> Gaiting Strap O/S</p> <p>Headcheck*</p> <p>49. <input type="checkbox"/> None</p> <p>50. <input type="checkbox"/> Fixed</p> <p>51. <input type="checkbox"/> Running</p>	<p>Hopples*</p> <p>52. <input type="checkbox"/> Round</p> <p>53. <input type="checkbox"/> Flat</p> <p>54. <input type="checkbox"/> Length*</p> <p>Hopple Shortners</p> <p>55. <input type="checkbox"/> Elastic</p> <p>56. <input type="checkbox"/> Cord – Pin</p> <p>57. <input type="checkbox"/> Mobile Only</p> <p>58. <input type="checkbox"/> Stands Only</p> <p>59. <input type="checkbox"/> Mobile and Stands</p> <p>60. <input type="checkbox"/> Lugging Pole N/S</p> <p>61. <input type="checkbox"/> Lugging Pole O/S</p> <p>Martingales</p> <p>62. <input type="checkbox"/> Neck Strap</p> <p>Nose Band</p> <p>63. <input type="checkbox"/> Conventional</p> <p>64. <input type="checkbox"/> Drop</p> <p>65. <input type="checkbox"/> Figure 8</p> <p>66. <input type="checkbox"/> Nose Veil (Not Below Nostrils)</p> <p>Reins*</p> <p>67. <input type="checkbox"/> Conventional</p> <p>68. <input type="checkbox"/> With Rings</p> <p>69. <input type="checkbox"/> Bar</p> <p>70. <input type="checkbox"/> Rogues Hood</p> <p>71. <input type="checkbox"/> Shadow Roll</p> <p>72. <input type="checkbox"/> Shaft Extensions</p> <p>73. <input type="checkbox"/> Shaft Spreaders</p>	<p>Shoes*</p> <p>74. <input type="checkbox"/> None</p> <p>75. <input type="checkbox"/> Front</p> <p>76. <input type="checkbox"/> Hind</p> <p>77. <input type="checkbox"/> Pads</p> <p>78. <input type="checkbox"/> Special</p> <p>Spreaders</p> <p>79. <input type="checkbox"/> Conventional</p> <p>80. <input type="checkbox"/> Elastic</p> <p>81. <input type="checkbox"/> Go Straights</p> <p>82. <input type="checkbox"/> Menzel</p> <p>83. <input type="checkbox"/> Guiders</p> <p>84. <input type="checkbox"/> Stallion Support</p> <p>85. <input type="checkbox"/> Tail Tie</p> <p>Tongue Tie</p> <p>86. <input type="checkbox"/> Visible</p> <p>87. <input type="checkbox"/> W Bit</p> <p>88. <input type="checkbox"/> Undercheck</p> <p>89. <input type="checkbox"/> Whip</p> <p>90. <input type="checkbox"/> Wind Sucking Device</p> <p>91. <input type="checkbox"/> Other Gear (specify)</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div> <p>92. <input type="checkbox"/> Miscellaneous Gear</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>
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TRAINER'S NAME:	LICENCE NO.	TRAINER'S SIGNATURE:	DATE:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input checked="" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>