



Australian Power Boat Association

VICTORIAN COUNCIL INCORPORATED

UNDER THE VICTORIAN ASSOCIATION INCORPORATED ACT AND AFFILIATED WITH THE UNION INTERNATIONAL MOTORBOATING THROUGH THE AUSTRALIAN POWER BOAT ASSOCIATION NATIONAL COUNCIL INCORPORATED

ABN: 95 096 248 836

President: Brett Niddrie
Mobile: 0428.510.509.
B/H: 03 9747.8700
Secretary: Cherilyn Wilson.

Correspondence to
The Secretary, Victorian APBA Council
P.O. Box 8096. Croydon. 3136.
Tel. No: 9490.7577 (b/h) 9870-9720. (a/h)

Email: secretary@vicapba.com.au

August 08, 2011

Dear License Applicant

Your 2011-2012 racing season, APBA license application forms are attached.

Please supply, as requested, all details necessary to have your license issued. If any detail is not submitted, your application will be returned unprocessed.

Full licenses will not be issued at a race meeting! They will need to be obtained BEFORE the race date. Clubs can only issue Event / Novice / Day licenses.

License applications will close on the MONDAY, BEFORE the race date at 5.00 pm. Time is needed to process it and have it returned to you in time for you to compete. LATE applications will not be accepted.

THE ONUS IS ON YOU, THE APPLICANT, TO HAVE YOUR LICENSE APPLICATION PROCESSED IN TIME TO RACE.

If you have any queries, please feel free to contact me on either 9490.7577 (b/h) or 9870.9720 (a/h and please, not after 9.30pm).

Best wishes for a safe, successful and fun 2011-2012 racing season

Yours sincerely

Cherilyn Wilson
Cherilyn Wilson
Secretary/Licence Officer.

APBA LICENCE APPLICATION CHECKLIST.

Completed Licence Application Form/s
MUST BE SIGNED OFF BY CLUB OFFICIAL.



Payment Fee (made payable to APBA)



Completed Medical Form



Copy of Current Boat Registration Certificate



Copy of Current State Boating Licence



Copy of 2010-2011 License Book Page, Showing Signatures
Obtained For The Past Racing Season (If applicable)



Copy of Current Ambulance Subscription (If applicable)



Copy of Current 2011-2012 APBA Club Membership.



◇◇◇◇◇ IMPORTANT: PLEASE NOTE ◇◇◇◇◇

License application forms MUST have all details filled in.
If your application is received and is not completed correctly as per the above
request, it will be RETURNED without process.

SEND APPLICATIONS TO:
VIC. APBA LICENCE OFFICER
P.O. BOX 8096
CROYDON. 3136.

Contact Details:
B/H: 9490.7577
A/H: 9870.9720
(between 7.00 pm – 9.30 pm only)
secretary@vicapba.com.au



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LICENSE FEES. 2011 - 2012 RACING SEASON.

All licenses expire on August 31st. 2012.

<u>LICENSES</u>	
UNLIMITED	\$350.00
LIMITED	\$250.00
RESTRICTED	\$150.00
FORMULA FUTURE	\$50.00
EVENT	\$250.00
DRAG ONLY (for the 2011-2012 season only)	\$100.00
DAY	\$100.00
NOVICE	\$50.00
<u>HALF YEARLY LICENSES</u>	
UNLIMITED	\$250.00
LIMITED	\$200.00
RESTRICTED	\$150.00
NO 1/2. YEARLY DRAG LICENSE WILL BE ISSUED.	

<u>BOAT OWNERS ~ 1ST BOAT.</u>	
UNLIMITED	\$200.00
LIMITED	\$200.00
RESTRICTED	\$200.00
DRAG ONLY (for the 2011-2012 season only)	\$100.00
FORMULA FUTURE	\$50.00
EVENT	\$120.00
DAY	\$100.00
NOVICE	\$50.00
HALF YEAR. (Unlimited, Limited & Restricted) <u>NO HALF YEAR DRAG BOAT OWNER LICENSE WILL BE ISSUED.</u>	\$100.00
<u>BOAT OWNERS - 2ND BOAT</u>	
<u>BOAT OWNERS ~ 3RD OR MORE</u>	\$20.00
<ul style="list-style-type: none"> • <u>DISCOUNT on FULL License</u> <u>~ FULL YEAR.</u> License issued to a <u>NEW</u> driver or a driver that <u>WAS NOT</u> issued with <u>any type of license</u> during the 2010-2011 season. • <u>NO DISCOUNT ON 1/2 YEARLY LICENSES</u> • <u>DAY /NOVICE LICENSE CREDIT.</u> A DAY or NOVICE license fee will only be credited from a <u>FULL YEAR LICENSE</u>, <u>NOT</u> a half year license fee. 	\$50.00

IMPORTANT NOTES TO APPLICANT

1. Please complete sections 1, 2 & 3 of this form. Print clearly with a black ballpoint pen
These sections must be complete prior to visiting the Medical Examiner (Doctor)
2. Prior to your visit to the Medical Examiner you should telephone for an appointment
3. Sections 1, 2, 3 & 4 of this form are retained by your Medical Examiner for their records.
4. Section 5 is returned with your licence paperwork to your Member Council Licence Officer

SECTION 1 – TO BE COMPLETED BY APPLICANT

SURNAME:			
GIVEN NAMES:			
RESIDENTIAL ADDRESS:			
STATE:		POST CODE:	
POSTAL ADDRESS: (If different from residential address)			
STATE:		POST CODE:	
PHONE (HOME):		PHONE (WORK):	
MOBILE:		FAX:	
EMAIL:			
OCCUPATION:			
DATE OF BIRTH:			

SECTION 2 - TO BE COMPLETED BY APPLICANT

STATEMENT BY APPLICANT		<i>Please tick</i>	YES	NO
A	Do you at present have any disease or disability?			

HAVE YOU EVER SUFFERED FROM:

B	Anxiety State. Depression or any nervous or mental disorder?		
C	Headaches - recurrent or severe?		
D	Epilepsy, fits, turns or blackouts?		
E	Fainting, giddiness or dizziness?		
F	Head injury or concussion?		
G	Tuberculosis, Bronchitis, Asthma or Pneumonia?		
H	Rheumatic Fever or heart disease?		
I	Indigestion, gastric or duodenal ulcer?		
J	Kidney or bladder trouble?		
K	Diabetes?		
L	Anemia or other blood disorder?		
M	Jaundice, hepatitis or glandular fever?		
N	Noises in ear, earache or discharge?		
O	Chronic sinus trouble?		
P	Any surgical operation?		
Q	Any fracture or broken bones?		
R	Any illness or injury not mentioned?		
S	Wear glasses or contact lenses?		
T	Take any tablets, injections or other form of medication?		

For each 'Yes' answer, please provide full details (including dates where applicable) in the space below:

Note: if there is not enough space here, please attach an additional page with the details.

SECTION 3 - DECLARATION TO BE COMPLETED BY APPLICANT

I, _____ hereby declare that I have carefully considered my answers to the questions above, and that to the best of my knowledge that they are complete and correct and I have not withheld any information or made any misleading statement.

Furthermore, I declare that, should I sustain any accident or injury, or should any of the above answers not continue to apply throughout the currency of any licence issued to me based on this medical examination, I agree to immediately surrender such licence to the APBA and agree to submit myself for a further medical examination.

I authorise the Medical Assessor, or his/her representative to obtain relevant clinical records, X-rays and pathology reports from any hospital or medical practitioner that I have previously attended.

If a female applicant, I agree to abstain from exercising the privileges of this licence in the last four (4) months of pregnancy.

Date:		Signature of Applicant:	
Witness or Medical Examiner:			

SECTION 4 EXAMINATION BY MEDICAL EXAMINER

AGE	HEIGHT	WEIGHT	
PULSE RATE		BLOOD PRESSURE	
Tick Answers		Tick Answers	
Normal		Normal	Abnormal
CARDIOVASCULAR SYSTEM		CENTRAL NERVOUS SYSTEM	
Heart Size		Intellect	
Heart Sounds		Deep Reflexes	
Murmurs		Coordination	
ECG (if required)			
RESPIRATORY SYSTEM		LIMBS	
Air Entry		Deformity	
Breath Sounds		Range of Joint Movement	
Accompaniments			
ABDOMEN		URINE	
Viscera		Protein	
Hernia Orifices		Glucose	
ENT & VESTIBULAR SYSTEMS		VISUAL SYSTEM	
Tympana		Eyes – any Abnormality	
Nystagmu		General Inspection	
Sharpened Rhomberg		Eye Movements, cover test	
		Fields, confrontation test	

VISUAL ACTIVITY

NATURAL SIGHT	Right	Left
	6 /	6 /

WITH CORRECTION SPECTACLES / CONTACT LENSES	Right	Left
	6 /	6 /

EXAMINERS COMMENTS

On history

On examination

SECTION 5

MEDICAL EXAMINATION RECORD

THIS PAGE ONLY IS TO BE RETURNED TO YOUR APBA MEMBER COUNCIL

PLEASE PRINT CLEARLY WITH A BLACK BALL POINT PEN

APPLICANT DETAILS

SURNAME:	
GIVEN NAMES:	
RESIDENTIAL ADDRESS:	
DATE OF BIRTH:	

STATEMENT BY MEDICAL EXAMINER

Today, I have examined _____

and find this applicant **FIT / UNFIT** to participate in Power Boat Racing.

Name of Medical Examiner (please print): _____

Signature of Medical Examiner

Date of Examination

To enable the applicant to be given a licence, it is required that the Medical Examiner's stamp be placed over his/her signature. Failure to do this will result in the non-acceptance by the AUSTRALIAN POWER BOAT ASSOCIATION of this application.

APBA OFFICE USE ONLY

Date:	
Licence No.:	
Race No.:	
Next medical due:	



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P.O. Box 8096. Croydon. 3136.
Tel. No: 9490.7577 (b/h) 9870-9720. (a/h)

Email: secretary@vicapba.com.au

August 8th, 2011.

Dear Applicant

The Victorian APBA Council would like to use your email address to contact you with distribution of Council minutes, special notices, race meeting information etc.

Would you please CLEARLY write your email address below and return it with your license application form.

Thank you. Your assistance is very much appreciated.

Cherilyn Wilson
Cherilyn Wilson
Secretary/Licence Officer.

*Please return this form with
your license application form.
Thank you.*

Tick one box →	LICENCE RENEWAL	NEW LICENCE APPLICATION
Name:		
Address:		
Suburb:		Post Code:
Phone:	NFP*	Email:
Date of Birth:	APBA Affiliated Club:	
State Boating Authority LICENCE NUMBER and EXPIRY DATE:	State of Issue:	APBA Race No. (if applicable):

*Not for Publication: By ticking this box, your contact details will not be included on ANY APBA mailing lists

CLASS OF LICENCE (Multiple classes are permitted)		<input checked="" type="checkbox"/>
INBOARD DISPLACEMENT	I	
INBOARD HYDROPLANE	IH	
OUTBOARD (excl. Hydroplane)	O	
OUTBOARD HYDROPLANE	OH	
DRAG	D	
FORMULA FUTURE	FF	
OFFSHORE	OS	
INFLATABLE	P	
JET SKI	JS	
REINFORCED COCKPIT TEST: A Reinforced cockpit test is required every 2 years		<input checked="" type="checkbox"/>
I HAVE completed a test in the past 2 years (Provide proof or Date of Last Test)		
I HAVE NOT completed a test in the past 2 years		

LICENCE GRADE (one only)	<input checked="" type="checkbox"/>
UNLIMITED	
LIMITED	
RESTRICTED	
FORMULA FUTURE	
CATEGORY OF LICENCE (one only)	<input checked="" type="checkbox"/>
FULL YEAR	
PROBATIONARY	
HALF YEAR	
FORMULA FUTURE	
SINGLE EVENT	

To be eligible to compete in any APBA Sanctioned event, the Boat Owner is required to have current financial membership of the APBA and the driver must hold an appropriately endorsed APBA Competition Licence.

ARE YOU REQUIRED TO WEAR CONTACTS OR GLASSES WHEN RACING:	YES / NO
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DECLARATION BY THE APPLICANT:

AN APPLICANT MAKING A FALSE DECLARATION IS LIABLE TO REFUSAL OR CANCELLATION OF MEMBERSHIP

I hereby apply for the issue / renewal of an APBA Competition Licence, endorsed for the type and class of boat that I am experienced in driving as indicated by myself on this application. I declare that I am in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein. 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 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 agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases. 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:	PRINT NAME:	DATE:
SIGNATURE OF WITNESS:	PRINT NAME:	DATE:

DECLARATION BY THE APPLICANTS CLUB: (To be completed only by an authorised Club Official)

WARNING TO CLUB OFFICIALS: PLEASE read this carefully and stake out the sections that DO NOT apply.

FULL or HALF YEAR LICENCE APPLICATIONS		PROBATIONARY LICENCE APPLICATIONS	
I certify that the above named is a Full Financial Member of the above-mentioned APBA Affiliated Club. In my opinion and from the skill, competence and demeanour displayed in my presence or from the documentation provided showing that they have competed in races over the past 2 seasons (e.g. signatures in Rule Book) is a suitable applicant to hold an APBA Competition Licence as requested above. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.		I certify that the above named is a Full Financial Member of the above-mentioned APBA Affiliated Club and is applying for a Licence as requested above. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.	
SIGNATURE of CLUB OFFICIAL	NAME of OFFICIAL (Please print)	OFFICE HELD	DATE

OFFICE USE ONLY

Licence Number:	Date Issued:	Issued by:



BOAT OWNER

2011-2012 BOAT OWNER LICENCE APPLICATION FORM

Tick one box →	RENEWAL	NEW APPLICATION
Name:		
Address:		
Suburb:		Post Code:
Phone:	NFP:	Email:
Date of Birth:	APBA Affiliated Club:	
BOAT REGISTRATION NUMBER & EXPIRY DATE:	State of Issue:	APBA Race No (if applicable):
Boat Name:		

*Not for Publication: By ticking this box, your contact details will not be included on ANY APBA mailing lists

TYPE OF BOAT		<input checked="" type="checkbox"/>
INBOARD DISPLACEMENT	I	
INBOARD HYDROPLANE	IH	
OUTBOARD (excl. Hydroplane)	O	
OUTBOARD HYDROPLANE	OH	
DRAG	D	
FORMULA FUTURE	FF	
JET SKI	JS	
INFLATABLE	P	
OFFSHORE	OS	

GRADE OF BOAT (one only)	<input checked="" type="checkbox"/>
UNLIMITED	
LIMITED	
RESTRICTED	
FORMULA FUTURE	

CATEGORY OF MEMBERSHIP	<input checked="" type="checkbox"/>
FULL YEAR	
HALF YEAR	
SINGLE EVENT	

DECLARATION BY THE APPLICANT:

AN APPLICANT MAKING A FALSE DECLARATION IS LIABLE TO REFUSAL OR CANCELLATION OF MEMBERSHIP

I hereby apply for membership of the APBA and endorsement of that membership for the grade of boat specified herein. I agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

I further agree that I am in possession of, or will obtain the current Racing & Safety Rules/Log Book and will abide by the Rules & Regulations contained therein. I will not do anything that will or may bring power boating into disrepute.

I am in possession of a current Boat 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 are true and correct and I will notify the Association if any change occurs.

SIGNATURE OF APPLICANT:	PRINT NAME:	DATE:
SIGNATURE OF WITNESS:	PRINT NAME:	DATE:

DECLARATION BY THE APPLICANTS CLUB: *(To be completed only by an Authorised Club Official)*

I certify that the above named is a Full Financial Member of the abovementioned APBA Affiliated Club. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.

SIGNATURE of CLUB OFFICIAL	NAME of OFFICIAL (Please print)	OFFICE HELD	DATE

STATISTICAL INFORMATION ONLY

What is the Lowest class this boat is eligible to compete in with the current engine?	
What class does it mainly compete in?	
Is it likely the boat will enter APBA Championships this season?	
Does the boat compete mainly in:	Club Events: Spectacular/Major Days: Mix of both:

OFFICE USE ONLY

Member/Race No.	Date Issued:	Issued by:

