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| **Notes to application** | | | | | | | | | | | | | | | | | | |
| 1. All details are to be completed in block letters. 2. If the space provided is insufficient, please present relevant information on a separate sheet. 3. Greyhounds will not be graded unless full details of performances are shown. 4. Fax nominations to: (08) 8999 7498 | | | | | | | | | | | | | | | | | | |
| **Application details** | | | | | | | | | | | | | | | | | | |
| Please accept the following nomination for the greyhound race meeting to be conducted by the Darwin Greyhound Association on (insert date) | | | | | | | | | |  | | | | | | | | |
| subject to the rules of the Racing Commission and the Darwin Greyhound Association by which I agree to be bound. | | | | | | | | | | | | | | | | | | |
| Name of greyhound | |  | | | | | | | | | | | | | | | | |
| Colour | |  | | | | | | | | | Sex | | | | | Male  Female | | |
| Registered Weight (kg) | |  | | | | | | | | | Is greyhound racing with blinkers? | | | | | Yes  No | | |
| Weight last start (kg) | |  | | | | | | | | | | | | | | | | |
| Has this greyhound ever been disqualified for fighting or failing to chase or marring the true running of a race? If yes, enter where and when below: | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | |
| **How many races has this greyhound won (other than qualifying trials) on:** | | | | | | | | | | | | | | | | | | |
| A straight track | | |  | | | | | | | | | | | | | | | |
| A circle track | | |  | | | | | | | | | | | | | | | |
| Has this greyhound won a Maiden Race other than Maiden Qualifying Trials? | | | | | | | | | | | | | | | | | Yes  No | |
| Did greyhound start when last drawn to race? If no, state details below: | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | |
| Has this greyhound started on this track? | | | | | | | | | | | | | | | | | Yes  No | |
| Is this greyhound nominated for any other event between date of this nomination and race for which you are now nominating? If yes, provide date and track details below: | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | |
| Owner’s full name | | | | |  | | | | | | | | | | | | | |
| Street Address | | | | |  | | | | | | | | | | | | | |
| Nominator’s full name | | | | |  | | | | | | | | | | | | | |
| Street Address | | | | |  | | | | | | | | | | | | | |
| Ear Brand | | | | |  | | | | | | | | | | | | | |
| **Distance/event for which nominated:** | | | | | | | | | | | | | | | | | | |
| 1st choice | |  | | | | | | | | | | | | | | | | |
| 2nd choice | |  | | | | | | | | | | | | | | | | |
| If nomination is for a special event, indicate name of event: | | | | | | | |  | | | | | | | | | | |
| Last six (6) performances. (Do not show performances on straight tracks) | | | | | | | | | | | | | | | | | | |
| **Track** | **Distance** | | | **Winner’s Time** | | | **Weight** | | **Name of Race**  **Division or Grade** | | | | | **Placing** | | | | **Date** |
|  |  | | |  | | |  | |  | | | | |  | | | |  |
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| Last three (3) winning performances. | | | | | | | | | | | | | | | | | | |
| **Track** | **Distance** | | | **Winner’s Time** | | | **Weight** | | **Name of Race Division or Grade** | | | | | **Placing** | | | | **Date** |
|  |  | | |  | | |  | |  | | | | |  | | | |  |
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| I certify that I hold a current Registration Certificate as, and am currently the registered Owner and/or Trainer of this greyhound and I assume full responsibility for the correctness of the particulars contained in this nomination. | | | | | | | | | | | | | | | | | | |
| Signature of Nominator | | |  | | | | | | | | | | Date | |  | | | |
| Trainer’s full name | | |  | | | | | | | | | | | | | | | |
| Trainer’s Address | | |  | | | | | | | | | | | | | | | |
| If visitor, state Northern Territory address: | | | | | |  | | | | | | | | | | | | |
| Greyhound’s registration Cert no. | | | | | |  | | | | | | | | | | | | |
| Owner’s current racing Cert no. | | | | | |  | | | | | | | | | | | | |
| Trainer’s current registration no. | | | | | |  | | | | | | | | | | | | |
| **Notice in accordance with the Information Act (Information Privacy Principle 1)** | | | | | | | | | | | | | | | | | | |
| Licensing, Regulation and Alcohol Strategy (LRAS – a division of NT Department of Business) is seeking information from you for the purposes of your application.  Information Privacy Principle 1 (IPP 1) requires that a public sector organisation must not collect personal information unless the information is necessary for one or more of its functions or activities. If personal information about an individual is collected from the individual, the organisation must take reasonable steps to ensure that the individual is aware of certain matters. For the purposes of IPP 1, the following advice is provided.   1. You are able to access your personal information that you have provided by making a written request to the Director-General of Licensing. 2. The information is required pursuant to the *Racing and Betting Act*. The Act requires that certain matters must be considered when deciding whether or not to approve an application. 3. The information will be kept confidential except as follows:    1. Information may be sought from Police, government agencies, interstate licensing authorities, or referees or other persons nominated by you. Information may be released to those sources to the extent necessary to verify information about you and your application.    2. If a hearing is involved, information will be released to the parties, Commission or the Court, as required by the Act.    3. Registers of licences and permits will be maintained and may be made available to the public on request. 4. You do not have to provide information if you do not wish to do so. However, an application may not be approved if there is insufficient information to properly determine the matter in accordance with the Act. | | | | | | | | | | | | | | | | | | |
| **Lodgement options** | | | | | | | | | | | | | | | | | | |
| Applications can be lodged at a Territory Business Centre with the prescribed fee at: | | | | | | | | | | | | | | | | | | |
| **Darwin**  Building 3, Darwin Corporate Park,  631 Stuart Highway,  Berrimah  GPO Box 9800  Darwin NT 0801  t: (08) 8982 1700  f: (08) 8982 1725  Toll free: 1800 193 111  e: territory.businesscentre@nt.gov.au | | | | | | | | | | | | **Katherine**  Shop 1, Randazzo Building  18 Katherine Terrace  Katherine  PO Box 9800  Katherine NT 0851  t: (08) 8973 8180  f: (08) 8973 8188  e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | | | | | | |
| **Tennant Creek**  Shop 2, Barkley House  Cnr Davidson and Paterson Streets  Tennant Creek  PO Box 9800  Tennant Creek NT 0861  t: (08) 8962 4411  f: (08) 8982 1725  e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | | | | | **Alice Springs**  Ground Floor, The Green Well Building  50 Bath Street  Alice Springs  PO Box 9800  Alice Springs NT 0871  t: (08) 8951 8524  f: (08) 8951 8533  e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | | | | | | |