

## **OFFICIALS APPLICATION**

☐ New ☐ Renewal ☐ Upgrade Expiry Date: \_\_\_\_\_ Licence No: \_\_\_\_\_

**IT IS A REQUIREMENT THAT COPIES OF YOUR SIGNED**

First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Email Address:			
Phone Number:		Mobile Number:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:	
Working With Children Check Number:			
WWCC Obtained State:		WWCC Expiry Date:	

**Position:**

**Discipline:**

**Level:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARTICIPATION JOURNAL BE PROVIDED WITH YOUR APPLICATION**

I have attended the following seminars:

**Seminar**

**Date**

**Verification of your attendance**  
**will be confirmed.**

_____	_____
_____	_____
_____	_____
_____	_____

Please forward completed application to:

**Motorcycling NSW**  
**9 Cooper Street**  
**Smithfield NSW 2164**

**OR**

[mnsw@motorcycling.com.au](mailto:mnsw@motorcycling.com.au)

For more information please do not hesitate to visit our website [www.motorcycling.com.au](http://www.motorcycling.com.au)  
or contact the office on 02 8378 0790

## **OFFICIALS APPLICATION REQUIREMENTS:**

- ☐ Completed application form
- ☐ Copies of your participation journal
- ☐ Copy of your Working with Children Check
- ☐ Copies of your trade papers (for Scrutineer and measurer only)

**DISCLAIMER:** I confirm that the details contained in this application are accurate to the best of my knowledge. I have read and understood the above policy and I agree to the terms and conditions of this application. I further agree to Motorcycling NSW Limited disclosing my name and contact details for meeting purposes.

**SIGNED:** \_\_\_\_\_ **(OFFICIAL)**

**DATE:** \_\_\_\_\_

**Please refer to the Officials Accreditation System prior to completing your application**

Supported by the



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