

**OFFICIALS APPLICATION**

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

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

<u>Current Position:</u>	<u>Discipline:</u>	<u>Level:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IT IS A REQUIREMENT THAT COPIES OF YOUR SIGNED PARTICIPATION JOURNAL BE PROVIDED WITH YOUR APPLICATION**

	<u>Seminar</u>	<u>Date</u>
I have attended the following seminars:	_____	_____
<b><u>Verification of your attendance will be confirmed.</u></b>	_____	_____
	_____	_____
	_____	_____



Please forward completed application to:

**Motorcycling NSW**

**PO Box 6124**

**Silverwater NSW 2128**

**OR**

[learn@motorcycling.com.au](mailto:learn@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
- Practical Competency Assessment

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 MA OFFICIAL ACCREDITATION, UPGRADES & RENEWALS DOCUMENT PRIOR TO COMPLETING YOUR APPLICATION**

