

Horse Racing Alberta

P.O. BOX 5684, POSTAL STATION "A"
 CALGARY, ALBERTA, CANADA T2H 1Y1
 PHONE: (403) 543-8951 FAX: (403) 543-8950

MINOR CIRCUIT "B" Racing License

Application Year _____

INCOMPLETE OR INCORRECT ANSWERS MAY LEAD TO REFUSAL OR CANCELLATION OF YOUR LICENSE.

TO BE LICENSED AS:	<input type="checkbox"/> OWNER	\$10.00	<input type="checkbox"/> ASSISTANT TRAINER	\$10.00	<input type="checkbox"/> PONY RIDER	\$5.00
	<input type="checkbox"/> OWNER/OPEN CLAIM	\$10.00	<input type="checkbox"/> BUSINESS	\$10.00	<input type="checkbox"/> AUTHORIZED AGENT	\$5.00
	<input type="checkbox"/> TRAINER	\$10.00	<input type="checkbox"/> FEEDMAN	\$5.00	<input type="checkbox"/> VETERINARIAN	\$25.00
	<input type="checkbox"/> TRAINER/OWNER	\$20.00	<input type="checkbox"/> GROUNDSMAN	\$5.00	<input type="checkbox"/> PLATER	\$10.00
	<input type="checkbox"/> JOCKEY	\$10.00	<input type="checkbox"/> GROOM	\$5.00	<input type="checkbox"/> TRADESMAN	\$10.00
	<input type="checkbox"/> APPRENTICE JOCKEY	\$10.00	<input type="checkbox"/> VAN DRIVER	\$5.00	<input type="checkbox"/> MISC.	\$5.00
	<input type="checkbox"/> JOCKEY AGENT	\$10.00	<input type="checkbox"/> EXERCISE PERSON	\$5.00	<input type="checkbox"/> HARNESS	

STATUS	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	PREVIOUS _____
LAST NAME	FIRST NAME	MIDDLE NAME	NORMALLY USED
PERMANENT ADDRESS		TELEPHONE	SEX
CITY, TOWN OR VILLAGE	PROVINCE OR STATE	POSTAL CODE	MARITAL STATUS
PLACE & DATE OF BIRTH	Mo Day Year	SOCIAL INSURANCE/SOCIAL SECURITY	HAIR COLOR EYE COLOR
LOCAL ADDRESS		PHONE	HEIGHT WEIGHT
EMPLOYMENT INFORMATION (OCCUPATION OTHER THAN RACING) EMPLOYER	OCCUPATION	BUSINESS ADDRESS	PHONE
HAVE YOU PREVIOUSLY BEEN IDENTIFIED WITH RACING IN ANY CAPACITY <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF LICENSE(S) HELD	PROVINCE(S)/STATE(S)	WHICH YEARS
NEXT OF KIN	RELATIONSHIP	ADDRESS	PHONE

A APPLICANTS FOR A OWNER'S OR TRAINER'S LICENSE MUST COMPLETE THE FOLLOWING:

Stable Name (if any) _____
(Separate Registration and Fee Required)

Horses in Training owned (wholly or in part) or leased by applicant:

NAME	Owned Outright	Jointly Owned	Leased	Percent Owned	NAMES OF PARTNERS, LESSORS OR LIEN HOLDERS

If an Owner, state name of Trainer - Self Other _____
Name

If a Trainer, or Owner-Trainer, give names of all Owners for whom you are training horses:

I, _____ in applying for a license as an owner and/or trainer in the *Province of Alberta*, and in respect to any horse I have registered for racing in the *Province of Alberta*, hereby agree that at any time or place and without prior notice to make the horse(s) available for the taking of a blood sample. The sample shall be taken by an Official Veterinarian or other delegated authority. The purpose of collecting the blood sample is to test for substances that have no generally accepted medical use for a race horse, such as blood and/or gene doping agents and class "1" drugs as defined in the Racing Commisioners International Drug Guidelines. Failure of any owner and/or trainer or delegate to make the horse(s) available to have blood drawn on demand shall result in one or all of the following:

- The horse being scratched;
- The trainer being refused the right to enter horse(s) in future race(s) in *Alberta* and/or;
- The owner being refused the right to enter horse(s) owned in future race(s) at *Alberta* racetracks.

DATE _____ SIGNATURE _____

FOR H.R.A. USE ONLY

APPROVED	FEE	RECEIPT NO.	LICENSE NO.

REVERSE SIDE MUST BE COMPLETED WHERE APPLICABLE ►

B APPLICANTS FOR A DRIVER/APPRENTICE JOCKEY/JOCKEY LICENSE MUST COMPLETE THE FOLLOWING:

ALBERTA HEALTH CARE NUMBER		CITIZENSHIP
HAVE YOU BEEN LICENSED IN PRIOR YEARS?	WHERE	WHEN
NAME OF AGENT		

C APPLICANTS FOR A JOCKEY'S AGENT LICENSE MUST COMPLETE THE FOLLOWING:

What jockeys have engaged you as agent? _____

D APPLICANTS FOR A GROOM'S/HOT WALKER'S/ASSISTANT TRAINERS/SUNDRY LICENSE MUST HAVE THE FOLLOWING COMPLETED BY EMPLOYER:

The applicant _____ is gainfully employed by me. Upon the employee's termination, I shall notify the Horse Racing Alberta as to when and why the employee left my employ.

Printed Name of Employer

_____ 20 _____
Date

Signature of Employer

E ALL APPLICANTS FOR A LICENSE MUST COMPLETE THE FOLLOWING:

Has your application for a license of any kind ever been refused by any racing commission of governing body of racing, or have you ever been refused, suspended or expelled from any race track OR have you or your spouse been convicted of any offense against any rules of racing in any jurisdiction? Yes No

Have you or your spouse been convicted of any criminal offense or an offense under the Criminal Code of Canada OR do you have any charges pending? Yes No

If your answer is YES, TO ONE OR BOTH of the questions above, is it recorded on file with the H.R.A.? Yes No If not recorded on file, give details of each conviction.

DATE	PLACE	NATURE OF RULING/CONVICTION	DISPOSITION OF RULING/CONVICTION

*I hereby certify that the information I have provided in this application is true and complete. By acceptance of a Licence pursuant to it, I hereby agree to comply with the Rules and Regulations of Horse Racing Alberta governing racing and to accept the decisions of the Racing Officials and/or Horse Racing Alberta as final on any matter relating to a race or racing.
 I specifically agree to comply with the rules regarding breath analysis and body fluid tests.*

I HEREBY CONSENT to and authorize Horse Racing Alberta to undertake a criminal check and confirm with any police agency the details of any convictions which may have been made against me for any offence under any federal or provincial legislation as well as for any charge which may be outstanding against me under such legislation.

I FURTHER HEREBY CONSENT to and authorize any police agency to release to Horse Racing Alberta such details of convictions and outstanding charges as aforesaid and for so doing this shall be their good and sufficient warrant, discharge and authority, and also that my name may be used for internal surveys relating to horse racing.

OTHER NAMES I HAVE USED: _____ SIGNATURE: _____
 _____ DATE: _____

WARNING: A false answer to a question may result in the denial of this application, or in the revocation of a License, if Issued. Be certain that each question is read carefully and understood before answering it.