



THOROUGHBRED LICENCE APPLICATION

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APPLICATION YEAR: _____

Do you have:

WCB Coverage?: Yes No

WCB Account # _____

Private Insurance?: Yes No

Insurance Certificate # _____

INCOMPLETE OR INCORRECT ANSWERS MAY LEAD TO REFUSAL OR CANCELLATION OF YOUR LICENCE

TO BE LICENCED AS:		
<input type="checkbox"/> ANIMAL HEALTH TECH \$30	<input type="checkbox"/> GROUNDSKEEPER \$5	<input type="checkbox"/> PONY RIDER \$10
<input type="checkbox"/> APPRENTICE JOCKEY \$25	<input type="checkbox"/> JOCKEY \$50	<input type="checkbox"/> RACING OFFICIAL \$5
<input type="checkbox"/> ASSISTANT/TRAINER \$40	<input type="checkbox"/> JOCKEY AGENT \$50	<input type="checkbox"/> TEST INSPECTOR \$5
<input type="checkbox"/> ASSISTANT/TRAINER OPEN CLAIM \$65	<input type="checkbox"/> MISC \$10	<input type="checkbox"/> TRADESPERSON \$20
<input type="checkbox"/> AUTHORIZED AGENT \$20	<input type="checkbox"/> OWNER \$50	<input type="checkbox"/> TRAINER \$50
<input type="checkbox"/> BUSINESS \$30	<input type="checkbox"/> OWNER - 3-YEAR \$150	<input type="checkbox"/> TRAINER/OPEN CLAIM \$75
<input type="checkbox"/> EXERCISE PERSON \$10	<input type="checkbox"/> OWNER FRACTIONAL 2-YEAR \$10	<input type="checkbox"/> TRAINER 3-YEAR \$150
<input type="checkbox"/> FARRIER/PLATER \$40	<input type="checkbox"/> OWNER/OPEN CLAIM \$50	<input type="checkbox"/> VALET \$5
<input type="checkbox"/> FEED PERSON \$20	<input type="checkbox"/> OWNER/TRAINER \$75	<input type="checkbox"/> VAN DRIVER \$20
<input type="checkbox"/> GROOM \$10	<input type="checkbox"/> OWNER/TRAINER 3-YEARS \$225	<input type="checkbox"/> VETERINARIAN \$75
	<input type="checkbox"/> PONY PERSON \$10	<input type="checkbox"/> VETERINARIAN AUXILIARY \$25

STATUS		<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	PREVIOUS _____
LAST NAME	FIRST NAME	MIDDLE NAME	NORMALLY USED	
PERMANENT ADDRESS			HOME PHONE	SEX
CITY / TOWN	PROVINCE OR STATE	POSTAL CODE	MARITAL STATUS	
LOCAL ADDRESS (if different from above)			LOCAL PHONE	HAIR COLOUR
CITY / TOWN	PROVINCE OR STATE	POSTAL CODE	EYE COLOUR	
CELL PHONE	EMAIL ADDRESS			HEIGHT
PLACE OF BIRTH	DATE OF BIRTH (M/D/Y)		WEIGHT	
EMPLOYER (non-racing)	OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE	
HAVE YOU PREVIOUSLY BEEN IDENTIFIED WITH RACING IN ANY CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF LICENCE HELD	PROVINCE OR STATE	WHICH YEARS	
NEXT OF KIN	RELATIONSHIP	ADDRESS	PHONE	

ALL RACING LICENCE APPLICANTS MUST COMPLETE THE FOLLOWING:

I hereby consent to and authorize HORSE RACING ALBERTA, the CANADIAN PARI-MUTUEL AGENCY, and the HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION, or their delegated authorities, to collect, use, and disclose my personal information for the purpose of carrying out their statutory and/or regulatory objects and obligations, including but not limited to enforcement of an equine drug control program, or as otherwise required or authorized by law.

SIGNATURE

DATE

REVERSE SIDE MUST BE COMPLETED WHERE APPLICABLE
 E-TRANSFER: licensingapplications@thehorses.com

APPROVED	FEE: <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> ETSF	RECEIPT NUMBER	LICENCE #
	AMOUNT:		

A - APPLICANTS FOR AN OWNER OR TRAINER LICENCE MUST COMPLETE THE FOLLOWING

STABLE NAME (if applicable): (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	<input type="checkbox"/> SELF	<input type="checkbox"/> OTHER (NAME):			
IF A TRAINER, OR OWNER TRAINER, PROVIDE NAMES OF ALL OWNERS FOR WHOM YOU ARE TRAINING HORSES FOR:					

B - APPLICANT FOR A DRIVER / APPRENTICE JOCKEY / JOCKEY LICENCE MUST COMPLETE THE FOLLOWING:

ALBERTA HEALTHCARE #	CITIZENSHIP	
HAVE YOU BEEN LICENCED IN PRIOR YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
NAME OF AGENT		

C - APPLICANTS FOR A JOCKEY AGENT LICENCE MUST COMPLETE THE FOLLOWING:

WHAT JOCKEYS HAVE ENGAGED YOU AS AN AGENT?	NAMES:

D - APPLICANTS FOR GROOM / HOT WALKER / ASSISTANT TRAINER / SUNDRY LICENCE MUST HAVE THE FOLLOWING COMPLETED BY EMPLOYER:

APPLICANT NAME	THE APPLICANT NAMED IS GAINFULLY EMPLOYED BY ME. UPON THE EMPLOYEE'S TERMINATION, I SHALL NOTIFY HORSE RACING ALBERTA TO WHEN AND WHY THE EMPLOYEE LEFT MY EMPLOY.	
DATE	PRINTED NAME OF EMPLOYER	SIGNATURE OF EMPLOYER

E - ALL APPLICANTS FOR A LICENCE MUST COMPLETE THE FOLLOWING:

HAS YOUR APPLICATION FOR A LICENCE OF ANY KIND EVER BEEN REFUSED BY ANY RACING COMMISSION OR GOVERNING BODY OF RACING, OR HAVE YOU EVER BEEN REFUSED, SUSPENDED OR EXPELLED FROM ANY RACETRACK OR HAVE YOU OR YOUR SPOUSE BEEN CONVICTED OF ANY OFFENSE AGAINST ANY RULES OF RACING IN ANY JURISDICTION?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOUR ANSWER IS YES, TO ONE OR BOTH OF THE QUESTIONS ABOVE, IS IT RECORDED ON FILE WITH HRA?	<input type="checkbox"/> YES <input type="checkbox"/> 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 that 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 conviction which may have been made against me for any offence under 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 detail of conviction 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.

SIGNATURE

DATE

Other names I have used: _____

WARNING – A FALSE ANSWER TO A QUESTION MAY RESULT IN THE DENIAL OF THIS APPLICATION, OR IN THE REVOCATION OF A LICENCE IF ISSUED. BE CERTAIN THAT EACH QUESTION IS READ CAREFULLY AND UNDERSTOOD BEFORE ANSWERING IT.