



# MANITOBA HORSE RACING COMMISSION

Box 46086, 6650 Roblin Blvd.  
Winnipeg, Manitoba, Canada R3R 3S3

Ces applications sont disponibles  
en français sur demande

Yr. \_\_\_\_\_

**NOTE:** - Applications not valid unless completed and signed on reverse side.

- Incomplete or incorrect answers may lead to refusal or cancellation of your license.

- A License will not be issued to anyone who does not have a medical number when applicable.

<b>TO BE LICENSED AS:</b>		<b>OWNER</b>		<b>ASSOCIATION</b>		<b>SEX -</b> _____	
<input type="checkbox"/> QUARTERHORSE	<input type="checkbox"/> JOCKEY	<input type="checkbox"/> TRAINER	<input type="checkbox"/> HOTWALKER	<input type="checkbox"/> FARRIER	<input type="checkbox"/> MUTUEL	MARITAL STATUS - _____	
<input type="checkbox"/> STANDARD BRED	<input type="checkbox"/> APPRENTICE JOCKEY	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PONY RIDER	<input type="checkbox"/> TRADE (Specify) _____	<input type="checkbox"/> CONCESSION	NAME OF SPOUSE - _____	
<input type="checkbox"/> THOROUGHBRED	<input type="checkbox"/> EXERCISE RIDER	<input type="checkbox"/> AST. TRAINER	<input type="checkbox"/> GROOM	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> GATE CREW	MAIDEN NAME - _____	
				<input type="checkbox"/> JOCKEY AGENT	<input type="checkbox"/> MAINTENANCE	IF APPLICABLE	
					<input type="checkbox"/> OFFICE	CTA NUMBER - _____	
					<input type="checkbox"/> VALET	CATEGORY - _____	
					<input type="checkbox"/> OTHER _____	EXPIRES - _____	
<b>STATUS:</b> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PREVIOUS 19 _____						CITIZENSHIP - CANADIAN _____	
<b>PLEASE PRINT</b>						U.S.A. _____	
LAST NAME FIRST NAME MIDDLE NAME						OTHER _____	
PERMANENT STREET ADDRESS OR BOX NUMBER							
CITY, TOWN		PROV./STATE	POSTAL CODE	TELEPHONE		Have you previously been identified with racing in any capacity?	
SOCIAL INSURANCE/SECURITY NUMBER		DATE OF BIRTH		DAY/MONTH/YEAR		Type of licence _____ yes _____ no	
MEDICAL NUMBER		COMPANY / PROVINCE		TELEPHONE		_____ prov/state _____ years	
PRESENT STREET ADDRESS OR BOX NUMBER		POSTAL CODE		(H)		_____	
CITY TOWN OR VILLAGE				(B)		_____	
NEXT OF KIN		RELATIONSHIP	ADDRESS & TELEPHONE				_____

Employed by \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

## CERTIFICATE OF EMPLOYMENT

APPLICANT FOR GROOM'S HOTWALKER/ASSISTANT TRAINERS/SUNDRY LICENSE MUST COMPLETE THE FOLLOWING CERTIFICATE OF EMPLOYMENT

If you are an assistant or probationary trainer, give name of trainer to whom you are responsible \_\_\_\_\_

### CERTIFICATE OF EMPLOYMENT

The applicant is gainfully employed by me. Upon the employee's termination I shall notify the Commission as to when and why the employee left my employment and make every effort to obtain the picture license which I will promptly deliver to the Commission.

PRINTED NAME OF EMPLOYER

SIGNATURE OF THE EMPLOYER

ALL APPLICANTS FOR A LICENSE MUST COMPLETE THE FOLLOWING, Please read carefully and completely before answering.

Has your application for a license 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 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, criminal offence in a foreign jurisdiction, or an offense under the Criminal Code of Canada within the last seven years? OR at any time been convicted of any arson, gambling or drug offence?

☐ Yes  
☐ No

OR  
Are there any outstanding Criminal Code or Narcotic charges which have not yet been dealt with at the present time?

☐ Yes  
☐ No

If you answer yes to any one of the questions above, is it on file with the MHRC?

IF RECORD IS NOT ON FILE GIVE DETAILS OF EACH CONVICTION, CHARGE OR LICENSE REFUSAL.

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




**APPLICANTS FOR AN OWNER'S OR OWNER/TRAINER'S LICENSE MUST ANSWER THE FOLLOWING:**

List horses, wholly or partly owned or leased by you, which are registered for racing during Yr. \_\_\_\_.

If there is any change in ownership of horses listed below, the Commission office must be so notified immediately.

If, subsequent to this application, there are any additional horses wholly or partly owned or leased by you, or if you acquire additional horses, which are registered for racing during Yr. \_\_\_\_ full details as to ownership or lease arrangement must be filed before starting such horse(s) with the Commission office.

HORSE(S) NAME	HORSE(S) NAME	HORSE(S) NAME

Are you the sole owner of the horse or horses named above as registered for racing in Manitoba. ☐ Yes ☐ No

IF NO, A REGISTRATION OF THOROUGHBRED/STANDARD BRED PARTNERSHIP AND AN OWNERSHIP DISCLOSURE FORM MUST BE FILED WITH THE COMMISSION OFFICE.

Name your trainer(s) \_\_\_\_\_

and/or any assistant or other trainer delegated by him \_\_\_\_\_ (Initials)

Do you race under a stable name? Yes ☐ No ☐

If Yes, state stable name \_\_\_\_\_

NOTE: STABLE NAME APPLICATION MUST BE FILED WITH THE COMMISSION OFFICE.

If no, in whose name will the horse(s) compete? \_\_\_\_\_

or the partnership of: \_\_\_\_\_

Do you wish to act jointly in all matters pertaining to this partnership? \_\_\_\_\_

\_\_\_\_\_(Yes) \_\_\_\_\_(No)

If "NO" who do you appoint as your authorized agent? \_\_\_\_\_

**\*\*NOTE - AN AUTHORIZED AGENT FORM MUST BE COMPLETED AND FILED WITH THE MHRC OFFICE.**

If you are a trainer, owner/trainer or probationary trainer, give names of horses now in your charge and give names of persons or stables that you train for:

HORSE	OWNER	HORSE	OWNER

I hereby agree to abide by the Rules of Racing of the Manitoba Horse Racing Commission and to accept and abide by the rulings and decisions of the Commission, Stewards/Judges and Racing Officials, as the case may be, and I consent to the publication of such decisions and rulings to the press and to the public.

And I further agree upon the request of the Commission or the Stewards/Judges to be fingerprinted by the duly authorized official of the Commission and that my fingerprints may be used and transmitted for identification, investigative and record purposes by the Commission and custodians of fingerprint records. I fully understand that further investigation may be conducted by the M.H.R.C. and that the M.H.R.C. reserves the right to revoke the license issued on notice.

Without restricting the generality of the foregoing, I understand in particular that the Commission or the Stewards/Judges may at any time order me to provide a sample of my breath, urine, blood or other bodily substance to enable proper analysis to be made in order to determine the concentration, if any, of alcohol or the presence of drugs in my blood. I hereby agree to provide any such sample demanded of me. I further understand that if I refuse to comply with an order to provide any such sample, that I may be fined and that my license may be suspended.

And Under the Freedom of Information Act, consent to all information contained in the application, being given, without further consent by myself, to the H.B.P.A., C.T.H.S., any Racing Association within Manitoba, or Racing Commission operating within North America.

\_\_\_\_\_  
DATE

Yr. \_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

RECEIVED	RECEIPT NO.	APPROVED	LICENSE NO.