



APPLICATION FOR LICENSE RENEWAL

I hereby apply to be licensed as: (mark X on the appropriate class)

OWNER____ TRAINER____ JOCKEY/DRIVER____ GROOM____ EXERCISE PERSON____

OTHER____(Please state)_____

ARE YOU APPLYING FOR THE SAME CATEGORY(IES) OF LICENSE AS OF THE PREVIOUS YEAR?

YES__ **NO**__

MHRC License No._____

Take notice that I, _____(Name of Licensee) request to have my license renewed by the Manitoba Horse Racing Commission, and declare that the following information are the only changes(if any) to be made to my license application from previous year. Further, I hereby agree to abide by the Rules of the Manitoba Horse Racing Commission and to accept and abide by the rulings and decisions of the M.H.R.C., the Stewards and Racing Officials and to all of the terms and conditions under which my license was issued. I fully understand that the M.H.R.C. reserves the right to revoke any license issued, on notice.

PLEASE MARK AREAS OF CHANGE WITH AN X IN THE APPROPRIATE BOX, AND THEN PROVIDE THE DETAILS IN THE AREA BELOW:

Change of Address____ Change of Owner/Trainer____ Name of Previous Owner/Trainer_____

New Horses____ Horses Not Returning____ New Rulings and/or Criminal Convictions/Charges____

Change of Partnership____ Change of Stable Name____ Other information____

I, certify that since being licensed by the Manitoba Horse Racing Commission in the previous year, there have been no new rulings, suspensions, denial of license, criminal charges or other matters affecting my eligibility for licensing by the Manitoba Horse Racing Commission for this years race season, except as detailed above. I consent to search of my person and / or any vehicle or area under my care or control while located within the boundaries of any association grounds.

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

Signature of Applicant:_____

Date:_____

Signature of Employer: _____
(where applicable)

Employer MHRC Lic. No._____