

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	percentage owned	HORSE(S) NAME	percentage owned	HORSE(S) NAME	percentage owned

If you are not the sole owner of the horse/s named above racing in Manitoba then a REGISTRATION OF PARTNERSHIP 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, PROVIDE NAME OF STABLE _____

REGISTRATION OF STABLE NAME MUST BE COMPLETED AND FILED WITH COMMISSION

IF NO, IN WHOSE NAME WILL THE HORSE/s COMPETE? _____

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? _____

IF NO, REGISTRATION OF AUTHORIZED AGENT FORM MUST BE FILED WITH COMMISSION

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

HORSES	OWNED BY	HORSES	OWNED BY

I hereby agree to abide by the Rules of Racing/or Directives 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 electronic or written transmission and/or publication of such decisions and rulings to the press, public and other racing authorities, jurisdictions or regulatory organization. I consent to the search of my person and/or vehicle or area under my care or control while located within the boundaries of any association grounds.

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 and Protection of Personal Privacy Act., and any other Federal or Provincial legislation, I consent to the gathering of all information contained in the application, being given without further consent by myself (including my S.I.N. or S.S.N.) to the M.J.C., H.B.P.A, C.T.H.S. STANDARD BRED CANADA, M.H.H.I, A.Q.H.A and ANY RACING ASSOCIATION, OR HORSE RACING COMMISSION OR REGULATORY BODY OPERATING WITHIN NORTH AMERICA., and to the posting of such information on any internet web page operated by the M.H.R.C, N.A.P.R.A., R.C.I or other regulatory body.

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.

DATE: day/month/year _____ SIGNATURE OF APPLICANT _____

RECEIVED	RECEIPT NO.	APPROVED	LICENSE NO.