

## **RENEWAL OF TRAINER'S LICENCE**

Surname:		
Names:		PML No:
NIC / Passport Number:		Date of Birth:
Residential Address:		
Contact Number:(Home/Mobile)		
Email Address:		
Stable Address:		
List of Track / Training Centre(s) used:		
Number of Boxes:		
<b>Number of Feed Rooms:</b>		
Number of Store Rooms:		
Details of warnings off, suspensions,  Have you been convicted of a crimin		
time. I acknowledge that I am acquainted I declare that the information given by information contained herein is false, the be deemed to have received any communaddress or email address or to such other	with and bound by them with effect ne is complete and accurate. Should registration/license may be subjected ication from the HRD if such commanddress as I advise the HRD, in write	
Signature of Applicant:	Date	
For Office Use: Report on Stabl	es / Equipment and Recomm	endation by The Stipendiary Board.
Date inspected:	Sign	nature:



## HORSES (INCLUDING YEARLINGS) TO BE TRAINED BY APPLICANT

No.	Name of Owner/Lessee	Name of Horse		Age	
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