

Mezzanine Floor, Happy World House, Sir William Newton Street, Port Louis, Mauritius Telephone No. (230) 214 9800 Email: info@hrd.intnet.mu

APPLICATION FOR TRACKWORK RIDER

Applicants must be 15-years of age or older to be registered as a Trackwork Rider

		THESE DETA	ILS MUST BE C	OMPLET	ED BY THE APP	LICANT	
Mr/M	rs/Ms/Miss Surnam	e:		Other Nan	nes:		
Date	of Birth:						
Currei	nt Residential Addr	ess:					
		,					
Current Phone Number		Home	Busine	Business		Mobile	
Current Email address							
Curre	nt Stable address						
List Track/Training		1.		2.		3.	
Centre/s used Name of Trainer:					PML:		
					11,12,		
	Τ				LL THESE QUES		T
1.	Have you previously been licensed or registered in any capacity by any Racing Controlling Body? YES/NC If <u>YES</u> , show details here or attach separate report:					YES/NO	
			ce or registration or had a licence revoked or cancelled by any VES/NO ow details here or attach separate report:				
3.	Have you ever been suspended, disqualified, warned off, fined or listed as a defaulter by any Thoroughbred, Harness or Greyhound Racing Controlling Body? If <u>YES</u> , show details here or attach separate report:						
4.					YES/NO		
5.							YES/NO
6.	If you are not fully employed as a trainer, stable hand or track work rider, state your other employment, employed name/s and employer address/s.						t, employer
(a).							
(b)							
7. Attached a bri		of summary of your experience relevant to this application.					
8.	Are you currently holding a temporary or working holiday visa? If YES attach a clear copy of your Visa (including expiry date and visa type) Note: If your visa expires within the above licence period, your licence will expire on the same day expires. Any changes to your visa, please contact Licensing & Registration Department at HRD				YES/NO		



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I hereby apply to be license as a Trackwork Rider in terms of the Rules of Racing & Directions of the Horse Racing Division (HRD) as amended from time to time. I acknowledge that I am acquainted with and bound by them with effect from the date that this application is approved. I declare that the information given by me is complete and accurate. Should it be found subsequent to approval that the information contained herein is false, the registration/license may be subjected to review. I further acknowledge that I shall be deemed to have received any communication from the HRD if such communication is sent to the abovementioned postal address or email address or to such other address as I advise the HRD, in writing.

Signature of Applicant:
Date:
PARENT OR GUARDIAN'S CONSENT
(If applicant is less than 18 years of age)
Parent or Guardian's Name:
Relationship to Applicant:
Address:
Telephone Number:
PARENT OR GUARDIAN'S DECLARATION
As the parent or guardian of the abovementioned, I consent to him/her being issued with the license applied for.
Signature of Parent or Guardian: Date:

Please make sure that the HRD Medical Form is filled and submitted to the Horse Racing Division.