



APPLICATION FOR ASSISTANT TRAINER’S LICENCE OR STABLE SUPERVISOR’S LICENCE

Please select the licence you are applying for:

ASSISTANT TRAINER

STABLE SUPERVISOR

Surname of Applicant:.....

Other Names:

ID No/Passport Number:Date of Birth:.....

Telephone No.: (Home)..... (Work)..... (Mobile)

Residential Address:

.....Postal Code:

Email Address:.....PML No:

Have you previously been licensed? (If yes, by whom?)

.....

..... For what period?

If not previously licensed, give details of experience in connection with racing of horses, and the names of any previous employer/s:

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Have you ever been warned off, disqualified, suspended, had a license refused or withdrawn? If yes, please give particulars:

.....

.....

Have you been convicted of a criminal offence? YES / NO. (If yes, please provide details)

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A. TO BE COMPLETED BY THE EMPLOYER

Full name of employer (Trainer)
Number of horses presently trained by me
I hereby apply for permission to employ,
He/she will be paid a salary of Rs. per week / per month and will receive the
following benefits (Details of bonuses and or other benefits)
.....
Signature of Trainer Date

B. TO BE COMPLETED BY THE EMPLOYEE

Full name of Employee ID number
Residential Address
Email Address
Telephone No. (Home)..... (Mobile)

I hereby apply to be licensed as an Assistant Trainer or a Stable Supervisor 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/licence 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 Employee Date
Signature of Employer Date

REPORT AND RECOMMENDATION OF THE STIPENDIARY BOARD

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Signature: **Date:**