

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	AILS MUST BE C	OMPLET	TED BY THE A	PPLICANT	
Mr/Mrs/Ms/Miss Surname:				Other Names:			
Date of	of Birth:						
Curren	nt Residential Addr	ess:			•••••		•••••
Curren	nt Phone Number	Home	Busine	Business		Mobile	
Curren	nt Email address						
Curren	nt Stable address						
List Track/Training Centre/s used		1.	2.			3.	
	of Trainer:	1			PML:		
Signature of Trainer:					Date:		
		ALL APPLIC	CANTS MUST AN	SWFD A	II THESE OU	FSTIONS	
1.	• •	ously been licen				cing Controlling Body?	YES/NO
2.					ed or cancelled by any	YES/NO	
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 attack separate report:						YES/NO
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 name/s and employer address/s.						, employer
(a)		-					
(b)							
7.	Attached a brief	summary of you	ir experience releva	ant to this	application.		
8.	If YES attach a Note: If your visa	clear copy of you expires within the	porary or working har Visa (including en above licence period	expiry date d, your lice	e and visa type) nce will expire on	the same day as your visa	YES/NO



Mezzanine Floor, Happy World House, Sir William Newton Street, Port Louis, Mauritius Telephone No. (230) 214 9800

Email: info@hrd.intnet.mu

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.