Form 2-15T

Horse Racing Alberta

Thoroughbred Licence

P.O. BOX 70085 R.P.O. LONDONDERRY
EDMONTON, ALBERTA, CANADA T5C 3R6
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Application Year: 2016

INCOMPLETE OR INCORRECT ANSWERS MAY LEAD TO REFUSAL OR CANCELLATION OF YOUR LICENCE.

TO BE LICENCED AS:								
	❑ OWNER	$50.00	❑ GROUNDSMAN	$5.00	❑ PONY PERSON	$10.00
	❑ OWNER - 3 YEAR	$150.00	❑ BUSINESS	$30.00	❑ TEST INSPECTOR	$5.00
	❑ TRAINER	$50.00	❑ EXERCISE PERSON	$10.00	❑ TRADESPERSON	$20.00
	❑ OWNER/TRAINER	$75.00	❑ FARRIER/PLATER	$40.00	❑ VALET	$5.00
	❑ ASSISTANT/TRAINER	$40.00	❑ FEEDMAN	$20.00	❑ VAN DRIVER	$20.00
	❑ OWNER/OPEN CLAIM	$50.00	❑ GROOM	$10.00	❑ VETERINARIAN	$60.00
	❑ AUTHORIZED AGENT	$20.00	❑ JOCKEY	$50.00	❑ VETERINARY AUXILIARY	$25.00
	❑ APPRENTICE JOCKEY	$25.00	❑ JOCKEY AGENT	$50.00	☒ MISC.	$10.00
	❑ RACING OFFICIAL	$5.00	❑ ANIMAL HEALTH TECH	$30.00		

STATUS	☒ New	❑ Renewal	Previous: _____
LAST NAME	FIRST NAME	MIDDLE NAME	NORMALLY USED
PERMANENT ADDRESS		TELEPHONE	SEX
CITY, TOWN OR VILLAGE	PROVINCE OR STATE	POSTAL CODE	MARITAL STATUS
LOCAL ADDRESS		TELEPHONE	HAIR COLOR
CITY, TOWN OR VILLAGE	PROVINCE OR STATE	POSTAL CODE	EYE COLOR
PLACE & DATE OF BIRTH Mo / Day / Year		SOCIAL INSURANCE/SOCIAL SECURITY	HEIGHT WEIGHT
EMPLOYMENT INFORMATION (OCCUPATION OTHER THAN RACING) EMPLOYER	OCCUPATION	BUSINESS ADDRESS	TELEPHONE
HAVE YOU PREVIOUSLY BEEN IDENTIFIED WITH RACING IN ANY CAPACITY ❑ Yes ❑ No	TYPE OF LICENCE(S) HELD	PROVINCE(S)/STATE(S)	WHICH YEARS
NEXT OF KIN	RELATIONSHIP	ADDRESS	TELEPHONE

A APPLICANTS FOR AN OWNER'S OR TRAINER'S LICENCE MUST COMPLETE THE FOLLOWING:

STABLE NAME (IF ANY) ALBERTA THOROUGHBRED RACE CLUB
(SEPARATE REGISTRATION AND FEE REQUIRED)

HORSES IN TRAINING OWNED (WHOLLY OR IN PART) OR LEASED BY APPLICANT:

NAME	OWNED OUTRIGHT	JOINTLY OWNED	LEASED	PERCENT OWNED	NAMES OF PARTNERS, LESSORS OR LIEN HOLDERS
Krissy Fortynine			x		
Swift Sally Swift			x		
Streakin Discreet			x		

IF AN OWNER, STATE NAME OF TRAINER ❑ Self Other Craig Smith & Rod Cone
(NAME)

IF A TRAINER, OR OWNER TRAINER, GIVE NAMES OF ALL OWNERS FOR WHOM YOU ARE TRAINING HORSES:

_____ _____

ALL RACING LICENCE APPLICANTS MUST COMPLETE THE FOLLOWING:

I hereby consent to and authorize Horse Racing Alberta and the Canadian Pari-Mutuel Agency, or their delegated authorities, to collect, use, and disclose my personal information for the purpose of carrying out their statutory and/or regulatory objects and obligations, including but not limited to enforcement of an equine drug control program, or as otherwise required or authorized by law.

DATE _____ SIGNATURE _____

FOR H.R.A. USE ONLY

APPROVED	FEE	RECEIPT NO	LICENCEE NO

REVERSE SIDE MUST BE COMPLETED WHERE APPLICABLE >

B APPLICANTS FOR A DRIVER/APPRENTICE JOCKEY/JOCKEY LICENCE MUST COMPLETE THE FOLLOWING:

ALBERTA HEALTH CARE NUMBER			CITIZENSHIP
HAVE YOU BEEN LICENCED IN PRIOR YEARS? ❑ Yes ❑ No		Where	WHEN
NAME OF AGENT			

C APPLICANTS FOR A JOCKEY'S AGENT LICENCE MUST COMPLETE THE FOLLOWING:

WHAT JOCKEY'S HAVE ENGAGED YOU AS AGENT? _____

_____

D APPLICANTS FOR GROOM'S/HOT WALKER'S/ASSISTANT TRAINER'S/SUNDRY LICENCE MUST HAVE THE FOLLOWING COMPLETED BY EMPLOYER:

THE APPLICANT _____ IS GAINFULLY EMPLOYED BY ME. UPON THE EMPLOYEE'S TERMINATION, I SHALL NOTIFY HORSE RACING ALBERTA AS TO WHEN AND WHY THE EMPLOYEE LEFT MY EMPLOY.

_____
PRINTED NAME OF EMPLOYER

_____ 20_____
Date

_____
SIGNATURE OF EMPLOYER

E ALL APPLICANTS FOR A LICENCE MUST COMPLETE THE FOLLOWING:

HAS YOUR APPLICATION FOR A LICENCE OF ANY KIND EVER BEEN REFUSED BY ANY RACING COMMISSION OR GOVERNING BODY OF RACING, OR HAVE YOU EVER BEEN REFUSED, SUSPENDED OR EXPELLED FROM ANY RACE TRACK OR HAVE YOU OR YOUR SPOUSE BEEN CONVICTED OF ANY OFFENSE AGAINST ANY RULES OF RACING IN ANY JURISDICTION? ❑ Yes ❑ No

HAVE YOU OR YOUR SPOUSE BEEN CONVICTED OF ANY CRIMINAL OFFENSE OR AN OFFENSE UNDER THE CRIMINAL CODE OF CANADA OR DO YOU HAVE ANY CHARGES PENDING? ❑ Yes ❑ No

IF YOUR ANSWER IS YES, TO ONE OR BOTH OF THE QUESTIONS ABOVE, IS IT RECORDED ON FILE WITH THE HRA? ❑ Yes ❑ No IF NOT RECORDED ON FILE, GIVE DETAILS OF EACH CONVICTION

DATE	PLACE	NATURE OF RULING/CONVICTION	DISPOSITION OF RULING/CONVICTION

I HEREBY CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE. BY ACCEPTANCE OF A LICENCE PURSUANT TO IT. I HEREBY AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF HORSE RACING ALBERTA GOVERNING RACING AND TO ACCEPT THE DECISIONS OF THE RACING OFFICIALS AND/OR HORSE RACING ALBERTA AS FINAL ON ANY MATTER RELATING TO A RACE OR RACING. I SPECIFICALLY AGREE TO COMPLY WITH THE RULES REGARDING BREATH ANALYSIS AND BODY FLUID TESTS.

I HEREBY CONSENT TO AND AUTHORIZE HORSE RACING ALBERTA TO UNDERTAKE A CRIMINAL CHECK AND CONFIRM WITH ANY POLICE AGENCY THE DETAILS OF ANY CONVICTIONS WHICH MAY HAVE BEEN MADE AGAINST ME FOR ANY OFFENCE UNDER ANY FEDERAL OR PROVINCIAL LEGISLATION AS WELL AS FOR ANY CHARGE WHICH MAY BE OUTSTANDING AGAINST ME UNDER SUCH LEGISLATION.

I FURTHER HEREBY CONSENT TO AND AUTHORIZE ANY POLICE AGENCY TO RELEASE TO HORSE RACING ALBERTA SUCH DETAILS OF CONVICTIONS AND OUTSTANDING CHARGES AS AFORESAID AND FOR SO DOING THIS SHALL BE THEIR GOOD AND SUFFICIENT WARRANT, DISCHARGE AND AUTHORITY, AND ALSO THAT MY NAME MAY BE USED FOR INTERNAL SURVEYS RELATING TO HORSE RACING.

OTHER NAMES I HAVE USED: _____

SIGNATURE: _____

DATE: _____

WARNING: **A FALSE ANSWER TO A QUESTION MAY RESULT IN THE DENIAL OF THIS APPLICATION, OR IN THE REVOCATION OF A LICENCE, IF ISSUED. BE CERTAIN THAT EACH QUESTION IS READ CAREFULLY AND UNDERSTOOD BEFORE ANSWERING IT.**