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Atlantic Provinces Harness
Racing Commission
P.O. Box 128, 5 McCarville Dr.
Kensington, PE COB 1M0
Tel: 902-836-5500
Fax: 902-836-5320
www.atlanticphrc.ca

APPLICATION FOR SC/APHRC GROOM OR OWNER GROOM

This application is to be completed by those applying for a groom or owner-groom license for the first time or by those who have failed to renew their licenses in the prior year. Please note that fees are prorated in accordance with Standardbred Canada's birth date renewal system relative to application date.

Owner-Groom <input type="checkbox"/>		Groom Only <input type="checkbox"/>	
Last Name		First Name	Initial
		Membership #	
Street & No.		Apt.	P.O. Box
		RR	
City/Town		Province	Postal Code
Telephone (Res)	Telephone (Bus)	Facsimile	Email
Date of Birth (DD/MM/YY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
If you are or were a UTSA member, what was the last year?		Membership #	
How long have you groomed harness horses?		Was this part-time?	Full time?
Name some horses you have groomed:			
If presently employed in harness racing, who is your employer?			
Name	City/Prov	How long employed?	Part-time? Full time?
Who was your previous employer?			
Name	City/Prov	How long employed?	Part-time? Full time?

If applying for an owner-groom licence, name some horses you currently own or have owned:

		Yes	No			Yes	No
A.	Have you ever been licensed in any province or state under any other name? If yes, list in the space provided below the name used and identify the location and the year.			E.	Have you ever been expelled or ejected from or denied the privileges of a racetrack?		
B.	Has your licence ever been denied, suspended, or revoked in this or any other racing jurisdiction?			F.	Have you ever had any racing permit or licence of any type denied, suspended or revoked by any Federal, Provincial or State Agency or Racing Association?		
C.	Have you ever been found guilty of any fraud or misrepresentation in connection with racing or breeding?			G.	Have you ever been (1) arrested or indicted (2) pleaded guilty, found guilty, or ever been convicted, or (3) forfeited bail or been fined for any criminal offence, except highway traffic violations?		
D.	Have you ever been ruled off, suspended or discharged from any racetrack by any race official, association or commission?			H.	Are you under suspension by any racing commission?		

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS BELOW.

I agree and consent to the terms of the Privacy Agreement of Standardbred Canada, a copy of which is published on the Standardbred Canada website and available to me in print on request. I understand that I must give my consent for Standardbred Canada to release my contact information, including address and telephone number, when such disclosure is not related to Standardbred Canada's objects and mandate. **I hereby consent []** To allow Standardbred Caanda to release my contact information including address and telephone number, when such disclosure is not related to Standardbred Canada's objects and mandate. I hereby certify that all information on this application is true and that any false answers or statements made by me can be considered grounds for denial or revocation of membership. I agree to abide at all times by the By-Laws and Regulations of Standardbred Canada.

NOTICE OF CONSENT: In order to complete or verify the information provided on this form and to determine eligibility for licensing, it may be necessary for the Altantic Provinces Harness Racing Commission (the "Commission") to collect and receive additional information from some or all of the following sources: Federal, Provincial, State or Municipal licensing bodies and police services, other law enforcement agencies, sheriff's offices, the Registrar of Bankruptcy, Credit Bureaus, Trust companies, banks, professional and industry associations, former and current employers, and any government in Ministry or Agency. The Commission is required under Provincial and Federal legislation to protect the confidentiality of such information in its possession and to control and to use the information only for purposes for which it is collected or for consistent purposes. I hereby consent to the Commission collecting and receiving such additional information, as it deems necessary.

Signature _____ **Date** _____

Complete only if paying by Visa or Mastercard

Card No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	<input type="text"/>
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Name Appearing on card _____ Signature of Cardholder _____ Date _____