



TRAINER APPLICATION

2150 Meadowvale Blvd.
 Mississauga, ON L5N 6R6
 Tel: 905-858-3060
 Fax: 905-858-3111
 www.standardbredcanada.ca

This application is to be completed by those applying for an "A" or "F" TRAINER licence for the first time or by those applying for an upgrade from "F" to an "A" TRAINER licence or those who have failed to renew their TRAINER licence in the prior year . Please note that fees are prorated in accordance with the Standardbred Canada birthdate renewal system relative to application date.

LICENCE TYPE

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| <p>"A" Trainer licence will permit you to operate a public stable at all extended and non-extended meetings. The first time applicant for an "A" licence:</p> <ol style="list-style-type: none"> 1. must have attained 16 years of age; 2. must have been licensed as a Standardbred Canada groom for two full years, or licensed by Standardbred Canada as an "F" trainer for two full years, or must provide documented proof that he has been licensed by a provincial or state racing commission as a groom for two full years; 3. must submit to a physical and eye examination, payment of which is the responsibility of the applicant; and, 4. must achieve a passing grade on a written trainer examination. | <p>"F" Trainer licence will permit you to train horses, wholly owned by yourself or immediate family member, at extended and non extended meetings. The first time applicant for an "F" licence:</p> <ol style="list-style-type: none"> 1. must have attained 16 years of age; 2. must have been licensed as an owner by Standardbred Canada or USTA for one full year; 3. must submit to a physical and eye examination, payment of which is the responsibility of the applicant; and 4. must achieve a passing grade on a written trainer examination. |
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|-----------|------------|------------------|
| Last Name | First Name | SC/USTA Member # |
|-----------|------------|------------------|

| | | | |
|---------|-----------|----------|-------------|
| Address | City/Town | Province | Postal Code |
|---------|-----------|----------|-------------|

| | | | | |
|--|--------------------------------|------------------------------|-----------------------------|----------|
| Date of Birth <i>Day / Month / Year</i> | Have you held USTA membership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Member # |
|--|--------------------------------|------------------------------|-----------------------------|----------|

| | | | |
|---|------------------------------|-----------------------------|----------------------------|
| Are you the owner of a registered standardbred horse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Names some horses you own: |
|---|------------------------------|-----------------------------|----------------------------|

| | | | | |
|--|------------------------------|-----------------------------|------------|------------|
| Have you been licensed as a groom for two years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Part-time? | Full time? |
|--|------------------------------|-----------------------------|------------|------------|

If not in the jurisdiction of Standardbred Canada, in which jurisdiction?

If presently employed in harness racing, who is your employer?

List at least four licensed drivers, "A" trainers or race officials who can verify and provide first hand information on your ability and qualifications for a trainer licence.

| 1. | Name | Address |
|----|------|---------|
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At which track do you intend to write your trainer examination?

I hereby certify that all information provided 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. I agree and consent to the terms of the Privacy Agreement of Standardbred Canada, a copy of which is published on Standardbred Canada's website and available to me in print on request. I understand that I must give my consent to the release by Standardbred Canada of my contact information including address and telephone number when such disclosure is not related to Standardbred Canada's objects and mandate. I hereby consent () OR do not consent ().

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

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|---|-------------------------|--|
| Complete <u>only</u> if paying by Visa or MasterCard | | |
| Card No. <input type="text"/> | Expiry Date | <input type="text"/> <input type="text"/> Month Year |
| Name appearing on card | Signature of cardholder | Date |