

Horse Racing Branch Application

Reciprocal License Form INCOMPLETE FORMS WILL NOT BE ACCEPTED. INCORRECT ANSWERS MAY LEAD TO REFUSAL OR CANCELLATION OF YOUR HORSE RACING BRANCH LICENSE.

The *Saskatchewan Liquor & Gaming Authority* recognizes, for non-residents participating in racing in Saskatchewan, valid licenses from recognized racing jurisdictions in North America. In order to be recognized, the licensee must be in good standing in all jurisdictions and have a valid health card or health insurance.

A non-resident licensee completing this form shall be deemed to be a licensee of the *Saskatchewan Liquor & Gaming Authority* and subject to the *Authority's* rules and regulations.

A COPY OF YOUR VALID DRIVER'S LICENSE AND HORSE RACING LICENSE MUST ACCOMPANY THIS FORM.

PLEASE PRINT NEATLY:	Т	horoughbred	Quarter Horse	Standardbred				
Full Name (First, Middle, Last)								
Address								
City		ovince/State		Postal/Zip Code				
Home Phone Number		Business or Ce	lular Phone Number					
		Business of Central Phone (Vulnee)						
Social Insurance/Security Number	Hospitalization/Health Insura	nce Number Validation I	Location Date of Birt	th DAY MONTH YEAR				
Jurisdiction Where License Issued	1	Racing Commi	ssion License Number	-				
Category(ies) of License								
Name(s) of Principal Horses								
Name of Trainer								
I certify that the above mentioned is a holder of the license indicated above. I further certify that there are no rulings, suspensions, denial of licenses or other matter affecting the current eligibility for licensing in any jurisdiction.								
Signature of Licensee								
Date		Employer Sign	ature (if applicable)					

FOR AUTHORITY USE ONLY									
Issued By	Issue Date	Original	Renewal	Previous Year	Expiry Date	Approved By			