

Incomplete application or incorrect answers may lead to Refusal or cancellation of your Horse Racing Licence.

FILL IN APPROPRIATE FORM (A), OR (B) PLEASE PRINT CLEARLY.

Application For Replacement Of Lost Licence

Take notice that I, _____ (name of licensee) _____ (SLGA licence #)

SIGNATURE OF LICENSEE: _____

DATE: _____ RECEIPT NUMBER: _____

Application For Additional Categories

Take notice that I, _____ (name of licensee) _____ (SLGA licence #)

request to be licensed in the additional classification of:

CERTIFICATE OF EMPLOYMENT

This applicant _____ is gainfully employed by me. Upon the employee's termination, I shall notify the SLGA as to when and why the employee left my employment. I shall also withhold all monies due to the employee until he surrenders his SLGA licence to me, which I will promptly deliver to the SLGA.

DATE _____ Print Name of Employer _____

Signature of Licensee _____ Signature of Employer _____

SUBMIT APPLICATION

This form may be submitted by email to SLGA: HorseRacing@slga.gov.sk.ca