

**JAMAICA RACING COMMISSION**  
 Jamaica Racing Commission (Prescribed Form) Regulations, 2006  
 RULE 2 – FORM 3

20...../.....

**APPLICATION  
 FOR  
 REGISTRATION**

Registration Type(s) required  
 {Tick appropriate box(es)}

Veterinarian	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Veterinary Technician	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Starter	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Gate Attendant	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Other Racing Official	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>

1. **APPLICANT'S NAME:** (Mr./Mrs./ Miss)  
 (last) ..... (first & middle) .....  
 Company .....
2. **DATE OF BIRTH** ..... 3. **TRN :** .....
4. **NATIONALITY** ..... 5. **NIS #,** .....
6. **HOME ADDRESS** .....
7. **HOME TELEPHONE #** ..... **CELL. #** .....
8. **MAILING/ BUSINESS ADDRESS** .....
9. **E-MAIL ADDRESS** .....
10. **MAILING/ BUSINESS TELEPHONE #.** .....
11. **PROFESSIONAL/BUSINESS OCCUPATION:** .....
12. **CURRENT EMPLOYER(S):** .....  
**ADDRESS:** .....  
**TELEPHONE #:** .....
13. **POSITION IN FIRM:** ..... **DATE EMPLOYED:** .....
14. **HAVE YOU EVER BEEN REGISTERED / LICENSED IN ANY OTHER CATEGORY?** .....  
 IF YES, WHEN? ..... AND WHAT REGISTRATION /LICENSE TYPE(S) .....
15. **HAVE YOU EVER BEEN REGISTERED/ LICENSED IN ANY OTHER RACING JURISDICTION?** ..... IF SO WHERE AND WHEN .....
16. **HAS YOUR REGISTRATION/LICENCE EVER BEEN REVOKED, SUSPENDED OR DENIED AT ANY TIME BY THE JAMAICA RACING COMMISSION OR ANY OTHER RACING AUTHORITY?**..... IF YES, STATE WHEN, THE LENGTH OF REVOCATION OR SUSPENSION, AND REASON(S) .....
17. **ARE YOU AN UNDISCHARGED BANKRUPT?** ..... IF YES, GIVE DETAILS.....
18. **HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A BREACH OF THE ROAD TRAFFIC ACT OR ARE THERE ANY PENDING SUITS, CRIMINAL CHARGES OR JUDGEMENTS AGAINST YOU?**..... IF YES, GIVE DETAILS .....

PASSPORT  
 SIZE  
 PHOTOGRAPH

19. **GIVE NAME AND TELEPHONE NUMBER OF TWO REFERENCES**  
 Name ..... Telephone # .....  
 Name ..... Telephone # .....
20. **NUMBER OF HORSES OWNED** (a) In training ..... (b) In Breeding .....
21. **IN WHAT CAPACITY DO YOU WANT TO SERVE?** .....
22. **NAME OF CONTACT PERSON/NEXT OF KIN** .....  
 (in the event of emergency)  
**CONTACT PERSON'S ADDRESS** .....  
 .....  
**TELEPHONE #:** .....

In making this application, I the undersigned, understand and consent to any investigation that the Commission may conduct on my background and that an investigative report may be prepared containing information obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbours, or others with whom I am acquainted. This inquiry may include information as to my character and general reputation that may be relevant to the issuance of this registration.

Any information contained in this application which is false or in any material respect misleading is liable to result in refusal, suspension or revocation of this registration.

I declare that all answers given in this application are correct and should this application for registration be granted I shall be bound in all respects by the Rules of Racing.

.....  
 APPLICANT'S SIGNATURE

.....  
 DATE