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Tel: 905-858-3060  
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## OWNER/GROOM APPLICATION



P.O Box 128, 5 Gerald McCarville Dr.  
Kensington, PE, C0B 1M0  
Tel: 902 836 5500  
Fax: 902 836 5320

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

**DUAL MEMBERSHIP TYPE**

Groom only  Owner/Groom

Last Name	First Name	Initial	Membership #
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Street & No.	Apt.	P.O. Box	RR
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City/Town	Province	Postal Code
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Telephone (Res)	Telephone (Bus)	Facsimile	Email
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Date of Birth  Male  Female  English  French  
*Day / Month / Year*

If you are or were a USTA 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?
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Who was your previous employer?

Name	City/Prov	How long employed?	Part-time?	Full time?
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If applying for an owner/groom licence, name some horses you currently own or have owned:

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 (  ).

**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 Maritime 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.

Expiry Date      
Month Year

\_\_\_\_\_  
Name appearing on card

\_\_\_\_\_  
Signature of cardholder

\_\_\_\_\_  
Date