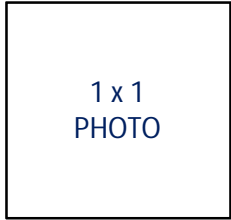


REPUBLIC OF THE PHILIPPINES
Office of the President
PHILIPPINE RACING COMMISSION
Makati City

RENEWAL OF LICENSE

For: Horse Owner Racing Official Position: _____
 Horse Trainer Groom
 Jockey Groom's Helper
 Jockey's Helper



LICENSE NO: _____

1. NAME (Last Name; First Name; Middle Name):
2. RESIDENTIAL ADDRESS

IF THERE ARE ANY CHANGES IN YOUR PREVIOUS 201 FORM PLEASE INDICATE BELOW:

Telephone No. / Mobile No.	CIVIL STATUS	
ADDITIONAL DEPENDENTS		
NAME	DATE OF BIRTH	RELATIONSHIP
ADDITIONAL BUSINESS AFFILIATION		
NAME	POSITION	

I HEREBY CERTIFY that the information given above is true and correct.

DATE: _____
Community Tax Certificate# _____ SIGNATURE OVER PRINTED NAME
Issued on: _____ Issued at: _____

(FOR JOCKEYS USE ONLY)

THIS IS TO CERTIFY that I have PHYSICALLY EXAMINED herein applicant on _____
And found him FIT/UNFIT I hereby recommend APPROVAL/DIASPPROVAL hereon.

Designated Examining Physician
Date: _____ P.T.R. No. _____

(FOR JOCKEY'S HELPER USE ONLY)

I HEREBY CERTIFY that the registrant is my helper.

JOCKEY

(FOR GROOM/GROOM'S HELPER USE ONLY)

Name of Horses being Groomed: _____

I HEREBY ENDORSE the herein applicant being known to me personally as the caretaker of the horses which I own/train.

OWNER/TRAINER