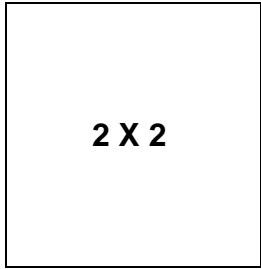


REPUBLIKA NG PILIPINAS
Tanggapan ng Pangulo
KOMISYON NG KARERA SA PILIPINAS
(Philippine Racing Commission)
Makati City



**APPLICATION FOR LICENSE
(JOCKEY)**

I. GENERAL INFORMATION

1. NAME (Last Name; First Name; Middle Name):			
2. RESIDENTIAL ADDRESS:			
ZIP CODE:		TELEPHONE NO.	
3. PLACE OF BIRTH		4. DATE OF BIRTH	
5. CITIZENSHIP	6. SEX	7. CIVIL STATUS	
8. NAME OF SPOUSE OR NEAREST KIN	9. RELIGION	10. OCCUPATION	
11. DEPENDENTS			
NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS
12. FATHER'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME
13. MOTHER'S MAIDEN NAME	LAST NAME	FIRST NAME	MIDDLE NAME

II. EDUCATIONAL BACKGROUND

14. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE/COURSE (Write in full)	YEAR GRADUATED (IF GRADUATED)	HIGHEST GRADE/ LEVEL/UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY							
SECONDARY							
VOCATIONAL/ TRADITIONAL COURSE							
COLLEGE							
GRADUATE STUDIES							

III. OTHER INFORMATION

15. Do you have any personal/business dealings with any of the officials of the Philippine Racing Commission?	__ YES __ NO If YES, give details: _____ _____
16. Are you related by consanguinity or affinity with any of the officials of the Philippine Racing Commission?	__ YES __ NO If YES, give details: _____ _____
17. Do you have any pending case of administrative body or tribunal for violation of any special law, rules and regulations and other of the Republic of the Philippines more specifically the Philippine Constitution?	__ YES __ NO If YES, give details: _____ _____
18. Have you ever been charged or convicted by any court of any crime resulting from violation of any law, ordinance or any regulation?	__ YES __ NO If YES, give details: _____ _____
19. Have you paid your taxes for the last five years?	__ YES __ NO If NO, give details: _____ _____
20. Are you a breeder, trainer or an OTB operator?	__ YES __ NO If NO, give details: _____ _____

21. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TELEPHONE NO.	
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: small;">ID picture taken within The last 6 months 3.5 cm. X 4.5 cm.</p> <p style="font-size: x-small;">Computer generated Or Xerox copy picture Is not acceptable</p> <p style="font-weight: bold; margin-top: 10px;">PHOTO</p> </div>

IV WORK EXPERIENCE

INCLUSIVE DATES mm/dd/yy		POSITION/TITLE (Write in full)	DEPARTMENT/AGENCY/OFFICE/COMPANY	MONTHLY SALARY	STATUS OF APPOINTMENT	GOVT. SERVICE (Yes/No)
From	To					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					

V. BUSINESS HISTORY

22. BUSINESS NAME (Company/Partnership):		
23. BUSINESS ADDRESS:		
24. NATURE OF BUSINESS:		
25. AVERAGE INCOME FOR THE LAST FIVE YEARS:		
26. TIN#:	27. SSS #:	28. GSIS #:
29. CONTACT PERSON IN CASE OF EMERGENCY/CELFONE NO. AND OR TELEPHONE NUMBER:		

I HEREBY certify that the information is true and correct. Should this application be approved I pledge and bind myself to uphold and comply with all existing laws, rules and regulations adopted or which may thereafter be adopted by the Philippine Racing commission and engage myself in horse racing as befitting a true horseman and lover of the sport.

_____ (Signature over printed name)

T I N #: _____

Community Tax Certificate #: _____

Issued on : _____

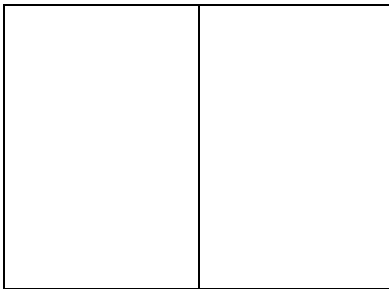
Issued at: _____

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

Designated Examining Physician

Date: _____

P.T.R. NO. _____



LEFT RIGHT
THUMBMARK

SUBSCRIBE AND SWORN TO before me this _____
at _____ Philippines.

- Not valid without Notarial Seal
- Please fill-in with appropriate answers in the blank spaces provided, either typewritten or written by hand using block letters.