



**License Application  
Racing Season 2021/2022**



Jockey

Apprentice Jockey

Work Rider

Subscriber's Name: \_\_\_\_\_

Permanent Address (Qatar): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Qatari ID No: \_\_\_\_\_

PO Box: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**For a Jockey or an Apprentice Jockey Licence, the questions below have to be answered.**

Have you been previously licensed by the QREC? Yes  No

If no, have you been licensed elsewhere? If so, which Authority and which Years

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disqualified? Yes  No

If Yes, please, state the details: \_\_\_\_\_

Number of winners ridden: \_\_\_\_\_ Minimum riding weight: \_\_\_\_\_ Kg.

**For a Work Rider Licence, the questions below have to be answered.**

Work Rider's weight: \_\_\_\_\_ Kg.

The trainer you will be registered with: \_\_\_\_\_

Trainer's signature: \_\_\_\_\_

Any trainers you will train for at the track: \_\_\_\_\_

Track Manager's comments and signature: \_\_\_\_\_

## Medical Certificate

### To be completed by a Medical Practitioner

I have examined \_\_\_\_\_ and consider him fit to be issued with a riding license.

Doctor's Name : \_\_\_\_\_ Medical Centre: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /202\_\_\_\_

At the time of Application, a valid clearance must be presented and the above Medical Certificate must have been completed.

### Declaration:

I, the undersigned, hereby, declare that all the above information and answers are correct and I agree to abide by all the racing regulations and all the decisions, instructions, circulars and regulations issued by the Qatar Racing & Equestrian Club (QREC) and any alterations or amendments which may be made thereto as the QREC deem appropriate, in accordance with the laws and regulations in effect in the State and in favour of the public good.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /202\_\_\_\_

To: **Chief Executive Officer**  
**Qatar Racing & Equestrian Club**

Dear Sir,

The Racing Department has no objection to this license being granted in accordance with the QREC Rules and Instructions. The information contained in this application is correct as per the declaration of the applicant.

**Steward**

**Racing Department Manager**

### To be completed by the Administrative and Financial Affairs Section

License No: \_\_\_\_\_ Fees: Qatari Riyals ( \_\_\_\_\_ )

Date of Issue: \_\_\_\_\_ / \_\_\_\_\_ /202\_\_

Racing Season: 202\_\_\_\_/202\_\_\_\_

The fees were paid under voucher no: \_\_\_\_\_

**Accounts**

**Support Services Department Manager**

( \_\_\_\_\_ )

( \_\_\_\_\_ )

**Approved**

**Qatar Racing and Equestrian Club**