



**License Application
Racing Season 2022/2023**



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