State of Montana Montana Board of Horse Racing P.O. Box 551 Corvallis, MT 59828		Assistant Trainer Application - \$50 (Must be approved by Steward)	60
(406) 961-5422		Signature of Approval by Steward for Assistant T	rainer
www.commerce.mt.gov/horseracing			Mon H
License #:	_		
Check# or Cash;	_		
Incomplete/inaccurate applications w	ill not be processed! Fill in	required information. ** MUST BE 18 YEA	RS OR OLDER *
I. Name:			
First	Middle	Last	
2. Address:	City		Zin Cala
	-	State	Zip Code
B. Mailing Address:	City	State	Zip Code
• Social Security:	5. Te	lephone:	
• Date of birth:			
		ace of birth: City & State	
. Name of licensed trainer you are as	sisting:		
-		xcept minor traffic violations)? Yes or	
1. Are you currently on probation or p	arole in Montana or anywher	re? Yes or No. If 'Yes', give deta	ils:
		No. If 'No', have you successfully passed but take the trainer's exam?	
		orse Racing? \Box Yes or \Box No. If 'Yes',	
most recent years and neense types			
4. Do you have or have you ever had a	license from another state?	Yes or No. If 'Yes', list the three	(3) most recent
years, succes, and needse types.			
certify that I have read the foregoing appli	cation and affirm that every staten license that the same may at any ti	by the Rules and Regulations of the Montana Board of H nent contained therein is true and correctly set forth. I ime be summarily revoked, cancelled, temporarily suspe	
	, , , , , , , , , , , , , , , , , , ,	ne for missiatements or omissions in the foregoing applic	nded or withdrawn by
	· · · · ·	16. Email Address:	nded or withdrawn by ation.
		16. Email Address:	nded or withdrawn by