

MANITOBA HORSE RACING COMMISSION

P.O. Box 46086

ANNUAL FEE

Winnipeg, Manitoba R3R 3S3

Yr.

APPOINTMENT OF AUTHORIZED AGENT

APPLICANTS ARE REQUIRED TO ANSWER EACH AND EVERY QUESTION FULLY.
FALSE ANSWERS GIVEN HEREON MAY LEAD TO REFUSAL OR CANCELLATION OF YOUR LICENSE.
WHERE THERE IS MORE THAN ONE LICENSED OWNER INVOLVED, ALL LICENSED OWNERS MUST SIGN THIS FORM

| | |
|---|-------------------------------------|
| <u>To Manitoba Horse Racing Commission:</u> | Take notice that I/We operate under |
| STABLE NAME _____ | |
| PARTNERSHIP _____ | |
| SOLE OWNER _____ | |
| Hereby appoint – NAME (print) _____ | |
| PERMANENT ADDRESS _____ | |
| <small>(STREET AND NUMBER)</small> | <small>(CITY OR TOWN)</small> |
| | <small>(PROVINCE OR STATE)</small> |
| CATEGORY OF M.H.R.C. LICENSE _____ | M.H.R.C. LICENSE NO. _____ |
| To act as Authorized Agent for me pursuant to the Rules of Racing of the Manitoba Horse Racing Commission, until December 31, Or until I sooner file written revocation of this appointment with the Manitoba Horse Racing Commission. | |

Delete the terms NOT to be authorized.

- 1. To claim horses on my/our behalf.**
- 2. To withdraw money from my/our account.**
- 3. To buy and sell horses on my/our behalf**

| | Print Name of Owner | Signature of Owner |
|--|---------------------|--------------------|
| Signed at _____ | _____ | _____ |
| In the Province of _____ | _____ | _____ |
| This _____ day of _____ Yr. _____ | _____ | _____ |
| _____ | _____ | _____ |
| A Commissioner for Oaths, Designated Race Official, Or Notary Public | _____ | _____ |
| | _____ | _____ |

FOR COMMISSION USE ONLY

| RECEIVED | RECEIPT NO. | RECOMMENDED | APPROVED |
|----------|-------------|-------------|----------|
| | | | |