

Please Print:

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Business Phone () _____ Residence Phone () _____
Cell Phone() _____ Social Security _____

Are you self employed? _____ Yes _____ No

If No, employed by _____

Number of Horses You Own _____

Number of Horses You Are Training For Others _____

Are You Actively Engaged In Training Horses Now? ___ Yes ___ No

What Percent Of Your Income Do You Receive From Training Horses?
_____ 100% _____ 50% Or More _____ Less Than 50%

****References Required:

For AAA Licensing-References Must Be Members of the WHTA. A
and AA May Be Anyone for References Except Family Members.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

I have read and understand the Horse Protection Act and the current
Operating Plan and I am familiar with the NHSC Rules and
Regulations, and I agree to be bound by the Trainers Association's rules
of Ethics and the procedures attendant thereto.

Signature : _____ Date: _____