

# TRINIDAD & TOBAGO RACING AUTHORITY

**The Secretary**  
**Trinidad and Tobago Racing Authority**  
**(Ground Floor) Administration Building**  
**Santa Rosa Park**  
**Arima**



**P.O. BOX 79**  
**PORT OF SPAIN**  
**PHONE: 646-2004**  
**E-MAIL: ttra@ttra.net**

## APPLICATION FOR REGISTRATION AS AN OWNER & COMPANY

Registration Type (please tick appropriate box):      New       Renewal

Licence Type (please tick appropriate box):    Individual Owner       Registered Company

Licence #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ For the Year(s) \_\_\_\_\_

Full Name:(Block letters) \_\_\_\_\_  
Mr.     Ms.     Miss.     Dr.

Any other name by which you are known: \_\_\_\_\_

Home Address: (No. & Street) \_\_\_\_\_

Mailing Address: (If different from home address) \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

ID #: \_\_\_\_\_ PP #: \_\_\_\_\_ DP #: \_\_\_\_\_

Profession/Business Occupation: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax#: \_\_\_\_\_ e-mail: \_\_\_\_\_

Are you an undischarged bankrupt?    Yes     No     If yes, give details: \_\_\_\_\_

**Previous Licence(s) Held:** Have you ever been registered/licenced in any racing jurisdiction?    Yes     No

If yes, please state below:

| COUNTRY | TYPE OF LICENCE | YEAR(S) |
|---------|-----------------|---------|
|         |                 |         |
|         |                 |         |
|         |                 |         |

Have you ever had your licence(s) revoked, suspended, denied or been disqualified by any racing jurisdiction?    Yes     No

If yes give details \_\_\_\_\_

Have you ever been convicted of a criminal offence other than a road traffic offence or had any other pending suit, criminal charges or judgements against you ?    Yes     No     If Yes, please give details: \_\_\_\_\_

**Please provide the names and telephone numbers of TWO references**

Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Please give details of horse(s) owned (attach change of Ownership, Appointment of Trainer and any other required documents).

| STALLION(S) | BROODMARE(S) | FOAL(S)/YEARLING(S) | HORSE(S) IN RACING |
|-------------|--------------|---------------------|--------------------|
|             |              |                     |                    |
|             |              |                     |                    |
|             |              |                     |                    |

**TO BE COMPLETED IF REGISTERING A COMPANY**

Registered Company Name: \_\_\_\_\_

Name Of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Commencement of Business: \_\_\_\_\_

**LIST OF SHAREHOLDERS**

| NAME | ADDRESS | TELEPHONE # |
|------|---------|-------------|
|      |         |             |
|      |         |             |
|      |         |             |
|      |         |             |

Company Secretary/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

e-mail: \_\_\_\_\_

**IN ADDITION TO THIS APPLICATION FORM, APPLICANTS ARE REQUIRED TO SUBMIT**

- 1 Two (2) recent passport size photographs (**not more than 3 months old, taken against a white background**)
- 2 Originals of two (2) valid forms of identification (**ID/DP/PP**).
- 3 Originals of the most recent (not more than three (3) months old). Utility Bill in the name of the applicant
  - a) If the applicant does not have a utility bill in his/her name, please have attached to the copy, **a letter of verification** from the person listed on the bill, indicating that applicant is a resident at that address.
- 4 Job letter from employer (**If applicant is a student, a letter from the School must be provided**).
- 5 If Applicant is the **director in a company**, the documents at (1), (2), (3) and (4) above must submitted with the following
  - a) A letter signed by the Company Secretary or another Director confirming this and including the person's salary/income.
- 6 If the applicant is self-employed he/she is required to submit the items at (1), (2), (3) and (4) above together with the following
  - a) Evidence of type of business- (**Registration Certificate/Articles of Incorporation**)
  - b) **Bank Statement** to support income claimed or **Letter from Bankers** Confirming the applicants ability to Service a **minimum debt of \$5,000.00 per month** or Financial Information on the business to support the minimum debt liability (As determined by the Authority).
- 7 **Police Certificate of Character.**

**DECLARATION:**

- o I declare that all answers given in my application for registration are correct, and I hereby request that I be registered as an Owner by the Trinidad and Tobago Racing Authority
- o I agree, upon registration, to be bound in all respects by the Rules of Racing in force from time to time and to accept the jurisdiction of the T.T.R.A. in all matters concerning horses registered in my name. I further agree that if at any time I cease to be an owner or part-owner of a horse in racing I will surrender my Identification Badge to the Trinidad and Tobago Racing Authority.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:**

1. Any matter contained in this application, which is to the knowledge of the applicant false, or in any material respect misleading is liable to result in the refusal, suspension or revocation of registration.
2. All questions should be completed irrespective of whether previously registered.
3. A business, club or hotel address is not acceptable, unless applicant lives there permanently.



**For Official Use Only**

Received and Check By: \_\_\_\_\_ Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Licence #: \_\_\_\_\_

Notes/Comment: \_\_\_\_\_