

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



APPLICATION FOR HORSEBACK RIDING INSTRUCTOR EXAM

NAME OF APPLICANT: _____

ADDRESS: (Street or P.O. Box) _____

TOWN, STATE, ZIP: _____ TEL: _____

APPRENTICE TEACHER NAME: _____ INSTRUCTOR LIC. NO. _____

ADDRESS: (Street or P.O. Box) _____

TOWN, STATE, ZIP: _____ TEL: _____

Style of Riding Lessons taught: Saddle Seat ____ Hunt Seat ____ Dressage ____ Stock Seat ____
Basic Horsemanship ____ Other _____

Dates of 6 month apprenticeship: From _____ to _____

APPRENTICE TEACHER SIGNATURE

DATE

Choose an exam date from exam schedule: _____ / _____ / _____
Month Day Year

I certify that I have read Chapter 90, section 14; Chapter 128, sections 2A, 2B, 2D; Chapter 129, sections 44, 44A; Chapter 272, sections 77, 78, 78A, 79A, 80F, 86, 86A, 86B of the Massachusetts General Laws www.state.ma.us/legis and 330 CMR 16:00 Rules & Regulations www.mass.gov/agr and agree to abide by them.

I attest that I will be 18 years of age as of the date of the exam that I have indicated all of the information contained in this form is true.

APPLICANT SIGNATURE

DATE

Exam Fee is \$20.00 made payable to The Commonwealth of Massachusetts