

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



Declaration of Apprenticeship

Apprentice Name _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Apprenticeship Start Date ____/____/____ Is there a Work Exchange Arrangement Yes / No

Mentor Name _____ License Number _____

Phone _____ Email _____

Apprentice's Initial Skill Level _____

Expected Hours per week at Stable _____ Per week Observation/Assisting Lessons _____

Riding Disciplines being trained _____

Relationship to Apprentice _____ Length Known _____

Stable Name _____ City/Town _____

Stable Operator _____ License Number _____

We the undersigned have all read and understand the apprenticeship requirements and expectations and agree to abide by the same in good faith and fact.

Apprentice: _____ Date _____

Mentor: _____ Date _____

Stable Operator: _____ Date _____

MDAR Equine Program All Licensed: Yes / No _____ Program Coordinator _____ Date Received

Email a Picture of this form to Michael.Gold@Mass.gov, write date emailed here _____ and include this form with your exam application when you send that by mail with your exam fee.