



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

FEE Enclosed \$20.00

Apprenticeship # (if known) _____

NAME OF APPLICANT: _____

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

TOWN, STATE, ZIP: _____ PHONE _____

EMAIL: _____ Date of Birth _____

Mentor's Name _____ Mentor License # _____ Stable License # _____

Mentor Phone _____ Stable Name _____

Substitution: _____

IN ORDER TO PROCESS THIS APPLICATION YOU MUST SUBMIT THE FOLLOWING

*This signed application and the \$20.00 application fee (check or money order) payable to the Commonwealth of Massachusetts. **No cash accepted.**

*You may attach a Declaration of Apprenticeship to this form if not previously declared.

*Choose an exam date from the exam schedule. _____
Month Day Year

I certify that I am now or will be 18 years of age by the exam date chosen, that I have read Chapter 128, section 2A of the Massachusetts General Law and its Rules and Regulations 330 CMR 16.00, that I am compliant with all MA General Laws and Regulations, that I agree to abide by them, and I certify that all application submittals are true and accurate.

APPLICANT SIGNATURE

DATE

Exam Fee is \$20.00 made payable to the **Commonwealth of Massachusetts**
Mail To: **Commonwealth of Massachusetts P. O. Box 419168 Boston, MA 02241-9168**