



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



RIDING INSTRUCTOR LICENSE RENEWAL

Fee: \$30.00

INSTRUCTOR LICENSE # _____

LAST NAME: _____ FIRST NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different) _____

PHONE: _____ Date of Birth (mm/dd/yy) _____/_____/_____

EMAIL ADDRESS _____

NEW: _____ Check if Updated Info is being provided. JOBS: _____ Answer YES to receive Job Requests

ADDITIONAL CERTIFICATIONS/ AWARDS _____

I certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this form and that I am in good standing with all applicable laws of the Commonwealth. I further certify that I am in compliance with Massachusetts General Law, Chapter 152, Section 25C. I further certify under the penalties of perjury that, to my knowledge and belief, I have filed all state tax returns and paid all state taxes as required under law. By signing this form, I agree to all terms and conditions required for the issuance of a Riding Instructor License and understand that any violations of the applicable laws of the Commonwealth may result in the denial, suspension, or revocation of my Riding Instructor License.

Signature _____

Date _____

Return the completed form with a **single payment** of **\$30.00** *(Please Do Not Combine Checks)*

This application must be accompanied by the required fee of thirty dollars (\$30.00).

Please make check or money order payable to: COMMONWEALTH OF MASSACHUSETTS

Mail To: Commonwealth of Massachusetts

P. O. Box 419168
Boston, MA 02241-9168

A COPY OF YOUR LICENSE MUST BE POSTED ON THE PREMISES WHERE LESSONS ARE BEING GIVEN