THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIV E OFFICE OF ENERGY AND E NVIR O NMENTAL AFFAIRS

RIDE

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

MDAR MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES

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