



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 # Do Not Fill In

NAME OF APPLICANT: _____

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

TOWN, STATE, ZIP: _____ PHONE _____

EMAIL: _____ Date of Birth _____

Mentor's Name _____ License # _____ Apprenticeship Complete Yes / No

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.**

*An Apprenticeship Evaluation Form from the Licensed Instructor under which you apprenticed, verifying the dates of your 6 month apprenticeship, including a description and hours of Riding Lessons taught. The letter must be Signed, Dated and include the Instructors Name, Address, Telephone and Instructor License Number.

*Attach the Apprenticeship Evaluation Form to this application.

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

I certify that I am 18 years of age and 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, and that I agree to abide by them and I certify that all application submittals are true and accurate.

APPLICANT SIGNATURE

DATE