NEHBPA PO BOX 550247 North Waltham MA 02455

TOM COREY APPLICATION FORM FILL IN ALL FIELDS

The applicant shall submit a completed application form and required documentation to the **NEHBPA** Board of Directors. The burden of providing all required documentation is the exclusive responsibility of the applicant. Applications will not be considered without all required documentation. Please present a government issued photo ID when you submit this application.

1) Applicant's Required Information:

	Full Name:	Date of Birth:		
	SS#:			
	Address:			
	City:	State:	Z	ip:
	Phone: Email:			
2)	Does the applicant currently receive retirement benefits or old age assistance from another source? If yes, submit certification.			
3)	Has the applicant been licensed as a trainer and actively engaged in training Thoroughbred racehorses in Massachusetts, New Hampshire or Rhode Island for a period of, at least, 10 years? If yes, submit certification.			
4)	To meet the lowest tier of eligibility requirements you need a minimum of 10 years racing in New England and 250 Starts to even be considered The NEHBPA uses Equibase as our data gathering and making determinations however stats for the most part only go back to 1976. If you feel Equibase is not correct provide other forms as proof like charts of the horse(s) you owned that included years and or starts			
5)	Is the applicant retired from training racehors	es?		
6)	Please include a photo ID copy of your state l	icense		
The applicant hereby attests that all information and answers to questions provided above are accurate				
and tru	ne. Signed under the pains and penalties of perj	ury this	_ day of	, 20
Signature of Applicant:				
I attest that I reviewed and approve the application above-named.				
Signature of NEHBPA Representative:				