



Norsk Jockeyklub

Application for exercise rider license

To be filled out by the applicant

Name: _____

Address: _____

Mobile: _____ Email: _____

Date of birth: _____ Nationality: _____

Qualifications:

By completing this form, trainer and rider confirms that the rider has the skills required to exercise and care for racehorses.

The trainer is responsible for the rider learning and respecting the rules for riding on Øvrevoll Racetrack.

The applicant must follow NJ rules and be aware of the rules 524 and 537 stating that the license will be cancelled and the Immigration Authorities notified if rules are broken.

Date: _____

Signature trainer

Signature rider

Copy of passport must be included.

NJ will provide a letter the applicant can give to the UDI together with the application for a residence permit.

The work rider license will be confirmed upon receipt of Residence Permit from UDI

Send to: Øvrevoll Galopp AS, Postboks 134, 1332 Østerås, attn: Liv Kristiansen
Email: liv.kristiansen@rikstoto.no