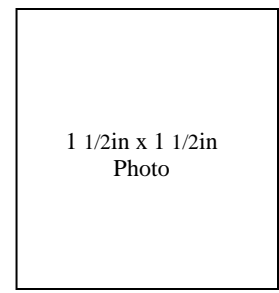


**HORSE RACING BETTING  
SUPERVISION DIVISION  
GAMES AND AMUSEMENTS BOARD  
2/F Legaspi Towers 200, Paseo de Roxas  
Makati City, Tel. No. (632) 813-57-93**



**APPLICATION FOR LICENSE**

NEW  RENEWAL

License Applied For : \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Nick Name/Alias \_\_\_\_\_  
(Surname) (First Name) (M.I.)

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Company/Club: \_\_\_\_\_

Have you been accused or convicted of any crime? (If yes, state the nature of offense)

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**REQUIREMENTS**

- 1 1/2"x 1 1/2" colored ID PICTURE (White background)
- Medical requirement (Fit To Work)

Processed By:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

Date: \_\_\_\_\_

\_\_\_\_\_

Noted by:

\_\_\_\_\_  
GAB Physician/ Medical Officer

\_\_\_\_\_

Bill No: \_\_\_\_\_ Date: \_\_\_\_\_  
License Fee: \_\_\_\_\_  
LRF: \_\_\_\_\_  
Penalty: \_\_\_\_\_  
Total: \_\_\_\_\_  
O.R. No. \_\_\_\_\_  
Cashier: \_\_\_\_\_

**RECOMMENDING APPROVAL:**

**ESTELA O. NIMEDEZ**  
Chief, Horse Racing Betting Supervision

**APPROVED BY:**

**OFELINA C. RETARDO**  
Chief Administrative Officer