HORSE RACING BETTING
SUPERVISION DIVISION
GAMES AND AMUSEMENTS BOARD

2/F Legaspi Towers 200, Paseo de Roxas Makati City, Tel. No. (632) 8813-57-93

1 1/2in x 1 1/2in Photo

APPLICATION FOR LICENSE

☐ NEW ☐ RENEWAL

License Applied For: _____ ☐ PRCI ☐ MJCI ☐ MMTCI

PERSONAL INFORMATION

Name: _____ _____ _____
(Surname) (First Name) (M.I)

Home Address: _____

Office Address: _____ Tel. No. _____

Date of Birth: month ____ day ____ year ____ 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)

Processed by:

_____
SIGNATURE OVER PRINTED NAME

MEDICAL REQUIREMENT

☐ Medical Certificate (Fit to Work)

Approved by:

_____
GAB Physician / Medical Officer

Bill No.: _____ **Date:** _____
License Fee: _____
LRF: _____
Penalty: _____
Total: _____
O.R. No. _____
Cashier: _____

RECOMMENDING APPROVAL:

MARISSA B. SO
Chief, Horse Racing Betting Supervision Division

APPROVED BY:

ABRAHAM KAHLIL B. MITRA
CHAIRMAN