

WHOA HIO DQP APPLICATION 2015

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Social Security Number _____

Occupation _____

Equine Experience _____

Check one that best describes your experience:

- A. Have never been a DQP
 B. Have been licensed and a DQP in past, but longer than 12 months with no renewal
 C. Have been DQP within 12 months but need 4 hour refresher course
 D. Currently hold a valid DQP License*

* If you answered D, please list the following information:

Name of HIO _____ Date of Training _____ ID# _____

If applicable, list any past HPA/HIO violations and year or any potential conflicts of interest:

Mail application to: **WHOA HIO**
 PO Box 4007
 Murfreesboro, TN 37129-4007
 Phone: 615-494-8822 Fax: 615-494-8825