

LICENSE APPLICATION

- ID Confirmed
- ARCI Verified
- CHANGE PERSONAL DATA ONLY

Sold by (Init)	Badge No.	Issue Date	Check	Expire Date	Track
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Year	June 30, 20	Select A Track

<input type="checkbox"/> Apprentice Jockey	<input type="checkbox"/> Groom/Hotwalker	<input type="checkbox"/> Outrider	<input type="checkbox"/> Spouse	<input type="checkbox"/> Vendor
<input type="checkbox"/> Assistant Starter	<input type="checkbox"/> Jockey	<input type="checkbox"/> Owner	<input type="checkbox"/> Stable Foreman	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Colors	<input type="checkbox"/> Jockey Agent	<input type="checkbox"/> Plater	<input type="checkbox"/> Trainer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Exercise Rider	<input type="checkbox"/> Mutuel	<input type="checkbox"/> Pony Person	<input type="checkbox"/> Valet	<input type="checkbox"/> Misc.: _____

NAME: Last First, Middle		Social Security No.	###-##-####
Mailing Address, City, State & Zip	I hereby stipulate that any correspondence sent to me from the LSRC or the stewards shall be mailed to this address. I understand that it is my responsibility to notify the LSRC of any address and/or telephone number change.	Home Telephone No.	###-###-####
		Other (Cell) Telephone No.	###-###-####
Place of Birth (City, State, Country)		Citizen of (Country)	United States
If the above person is deceased, indicate estate administrator's name:		E-Mail Address	

Birthdate (M/D/Y)	Height	Weight	Eye Color	Hair Color	Sex	Race	Marital Status
MM / DD / YY	' "	lbs.	Brown	Brown	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

OWNERS ONLY	Trainer's Name:		Name of Spouse (Last, First, Middle)
	Names of Horses Owned:		
	Partners' Name(s) &/or Stable Name:		
TRAINERS ONLY	Workers' Comp. Co. Name, Policy # & Expiration Date:		
JOCKEY or AGENT ONLY	Agent's or Jockey's Name:		
EMPLOYEES ONLY	Employer's Name:		

QUESTIONS (Check appropriate column. If "yes" to any question, give details in open block below, or attach separate sheet.)	Yes	No
1. Have you ever used an alias or been licensed under any other name? (Indicate name, where & when used.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your license or your spouse's license ever been suspended, denied, revoked or is any complaint pending in ANY racing jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or any member of your immediate family ever been expelled, ejected or denied privileges by any race track; or been fined over \$100 or suspended over 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or any member of your immediate family ever been found guilty of any fraud or misrepresentation in connection with racing; or owned/operated a handbook or been employed by and/or associated with a bookmaker, any gambling or other illegal establishment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had any NON-RACING permit or license denied, suspended or revoked by any federal, state or local government agency?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you or your spouse ever been arrested or charged with any misdemeanor or felony, including DWI?	<input type="checkbox"/>	<input type="checkbox"/>

As set forth in the *Rules of Racing*, I hereby certify: 1) that I have read or have had read to me those rules; 2) that I agree to abide by and obey all state laws, rules and statutes; 3) that I have made no misstatements or omissions in this application; 4) that all statements herein are true and correct; 5) that I am of good character and reputation, meet all age requirements, maintain financial responsibility, possess required experience and knowledge required for this license, remain physically fit to perform under this license; 6) agree and consent with no reservation whatsoever to the search by any authorized licensed racing official of any premises or vehicle on the grounds of any Louisiana race track that I may occupy, control, or have the right to occupy or control, and/or seize any of my personal property or effects on my person and/or the seizure of any other possession which may be forbidden by these rules; 7) that any false misleading answer herein may result in denial and/or revocation of this license. **R.S. 14:118.2 PROVIDES "WHOEVER COMMITS THE CRIME OF FALSIFYING RACING LICENSE APPLICATIONS SHALL BE FINED NOT MORE THAN \$500, OR IMPRISONED FOR NOT MORE THAN 6 MONTHS, OR BOTH."**

APPLICANT Signature: _____	NOTARY PUBLIC (Seal) Subscribed and sworn to before me on this _____ day of _____, 20 ____. Signature: _____	BOARD OF STEWARDS RECOMMENDATION Approved: _____ Not Recommended: _____ Denied: _____
--	---	---