Multi-Jurisdictional License Application

FOR COMMISSION USE ONLY							
License No.	Issued By	Reviewed by	Issue Date	Original	Renewal	Fee	Fingerprint Date

TYPE OR PRINTANSWERS TO ALL OF THE FOLLOWING QUESTIONS

Select Breed Category	Select License Category	List Jurisdiction
Flat ☐ Harness ☐ Other ☐	Owner ☐ Trainer ☐ Asst Trainer ☐ Jockey/Driver ☐ Corporation ☐	
USTA/CTA Membership#	Partnership ☐ Multiple Owner ☐ Stable ☐ Color Registration ☐ Other ☐	

*SSN #, Federal ID #, or Social Insurance #	Full Legal Name (First, Middle, Last) / Maiden or Alias	Date of Birth
Permanent Home Address at which service of all papers may be made upon you.	City State County	Zip
Home Telephone	Business/Emergency Telephone	Place of Birth
Present Address (if different from above)	City State Zip	Local Phone

Height	Weight	Hair Color	Sex	Marital Status	Citizenship of	Immigration ID # and Expiration Date

Please supply us with your email address

If Applicant is married, please furnish the following information concerning your spouse:

Full Legal Name (first, middle, last, maiden)	Date of Birth

All of the following questions must be answered "yes" or "no". Give details in space provided below or on separate sheet.

1. Have you (or spouse) ever been fined over $100 or has your (or spouse) license ever been denied, suspended or revoked or is a complaint pending against you (or spouse) in any jurisdiction?	**Yes** ☐ **No** ☐
2.Have you (or spouse) ever been arrested for any crime (except minor traffic violation)?	**Yes** ☐ **No** ☐
3.Have you (or spouse) been convicted of any crime (except minor traffic violations)?	**Yes** ☐ **No** ☐
4.Are you (or spouse) presently on parole or probation for any crime?	**Yes** ☐ **No** ☐
5.Have you had your fingerprints submitted to the FBI? Year submitted State submitted	**Yes** ☐ **No** ☐
6.Have you ever been licensed in any other jurisdiction? If yes, list jurisdiction and capacity in which you were licensed.	**Yes** ☐ **No** ☐

Trainers Name	Stable Owner
Employer's name at racetrack if applicable	Employer's signature

List horses owned or leased by you, wholly or in part. A copy of the lease agreement(s) must be attached to the application.

Horse Name(s)	Name/Address of lessor if appropriate

*Voluntary provision of Social Security Numbers is requested and will be used as a secondary identifier for credit background and other such investigations

Complete the following if applicable.

How is ownership to be listed on official race program?	
Name of person designated to act for the entity in all racing matters.	

% Share

If in co-ownership list name and % of ownership held by each.

Name	
Name	
Name	
Name	
Name	
Name	

If incorporated, copy of Certificate of Incorporation must be attached. Entity fees may apply and additional forms may be required by some jurisdictions

COLORS REGISTRATION (if required).

Jacket Color		Additional Jacket Color			
Sleeves Color		Collar Color		Cap Color	

COMPLETE THE FOLLOWING WORKERS COMPENSATION INSURANCE INFORMATION

Workers Compensation Insurance Company		Policy Number	
Expiration Date		Name of Policy Holder	

ALL APPLICANTS MUST READ THE FOLLOWING AND SIGN BELOW

In making this application for a license to participate in racing, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

As a licensed owner, I give my consent and authorize my veterinarian and/or trainer to provide the medical records of any horse I own that is claimed, sold or otherwise transferred to the new owner or their designee within (7) days of the ownership change of the horse. **Effective January 1, 2022**, all trainers and assistant trainers are required to have completed a minimum of four (4) hours of continuing education per calendar year and shall certify compliance with this requirement as a condition of licensure, unless waived for just cause. The Commission will conduct random audits to determine compliance with this requirement. I hereby affirm, by signing this application, that I have completed the required annual 4 hours of continuing education as a requirement to renew my license.

By submitting this application I, the undersigned, do hereby (I) agree to abide by the rules and regulations of the pari-mutuel regulatory agency, the laws of the United States of America, Canada, state/provincial government, municipalities and other subdivisions thereof and (ii) agree to abide by any provision regarding search and seizure which may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any right I have to object to the search, within the grounds of a racetrack or racing association, of any premises or vehicle which I may occupy or control or have the right to occupy or control and of my person, property and effects and in the seizure of any article the having of which may be forbidden.

I understand that participation in racing is a privilege, not a right, that any license issued pursuant to this form is subject to condition precedent as to abide by and obey the rules and regulations and conditions of the authorized regulatory agency in the jurisdictions in which I am granted a license.

I expressly agree to be subject to the subpoena powers of the authorized regulatory agency or a written request issued in lieu of a subpoena and to provide the agency with any and all such information or documents which it may so request. This agreement shall extend to anything which relates to any matter which is the subject of an agency hearing or investigation.

APPLICANT Signature/Date **STEWARD/JUDGE or REGULATORY AGENCY REP**