STATE OF CALIFORNIA
CALIFORNIA HORSE RACING BOARD

REQUEST FOR CHANGE TO PREVIOUSLY APPROVED APPLICATION FOR LICENSE TO CONDUCT A HORSE RACE MEETING CHRB-229 (New 9/14)

1. APPLICANT ASSOCIATION OR FAIR

Name and Title, Name of Association/Fair, Name of Race Meet, email and phone:

_____

_____

_____

2. PROPOSED CHANGE TO POST TIME AND/OR NUMBER OF RACES

Describe proposed change(s):

_____

_____

3. PROPOSED CHANGE TO PARI-MUTUEL WAGERING PROGRAM

Attach Past Performances (PP's) with this request. Please list all the changes to wagers and attach any applicable documentation.

	TYPE OF WAGER	ACTION	DATE	RACE(S) #
{Example:	Show Wagering	Cancel	Sept. 27, 2014	#3 & #5}
	_____	_____	_____	_____
	_____	_____	_____	_____

4. PROPOSED CHANGE TO RACING OFFICIALS AND MANAGEMENT

Designated Racing Officials and Management officials to be changed and the effective date:
{Example: Clerk of Scales, Mr. Joe Smith who replaces: John Doe}

_____ _____
Official Title Name

_____
Replaces

5. DESCRIPTION AND REASON FOR OTHER REQUESTED CHANGE

Please state the change and reference the Section Title, Number and Letter from the Application.

_____

_____

6. CERTIFICATION BY APPLICANT

I hereby request the above changes. I have attached all pertinent documentation and/or received approval from other parties as required. Please fax to 916-263-6367 or email to RMBaedeker@chrb.ca.gov and cc: RitaB@chrb.ca.gov.

_____ _____
Print Name Signature

_____ _____
Print Title Date

CHRB CERTIFICATION

Request for Change to Application Received Date:
Date Approved By: **CHANGES (circle one) - NOT Approved or Approved**
Documents and Approval from other Parties Received:
ONCE APPROVED THE ASSOCIATION OR FAIR IS RESPONSIBLE FOR NOTIFYING OTHER ASSOCIATIONS OR FAIRS OF THESE CHANGES