

APPLICATION FOR RENEWAL OF OWNER'S LICENSE

No:
DATE:
ISSUED AT:

Please Print in Ink or Type

Last Name First Name Middle Name

(Business Address is Public) No. or Box Street City State Zip

(_____) _____ CHRB Lic. No. _____
Business Phone Name of Spouse (Husband/Wife/ State-Registered Domestic Partner) Number Exp. Yr.

1. I intend to race as an: INDIVIDUAL GENERAL PARTNER MEMBER OF A MULTIPLE OWNERSHIP OTHER
2. Have you been convicted of any criminal offense (other than traffic infractions) within the past 36 months? . . . YES NO
3. Has your CHRB license been suspended within the past 36 months? YES NO
4. Have you had any racing-related financial obligations which have been in arrears (past due and unpaid) for more than 90 days? YES NO

LICENSE FEE
\$150
(3-YEAR TERM)

TB
QH
HH
MULE
ARABIAN

INFORMATION PROVIDED ABOVE IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT (Government Code Section 6250 et seq.)

6. What is the name of the licensed Trainer having care of your horse(s)?

Trainer's Name

To receive future notices by e-mail, list your e-mail address:

7. List the names of the HORSES you own in whole or part.

1. _____ % 3. _____ %

2. _____ % 4. _____ %

(You may attach a separate listing if necessary)

I hereby make application for license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I certify under penalty of perjury that the statements and answers I have made in this application are true and correct.

EXIST F/P CODE _____
EXIST SPECIAL CODE _____
REVIEWED BY _____

Signature

Date of Application

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INFORMATION LISTED BELOW WILL BE KEPT CONFIDENTIAL

Mailing Address City State Zip

Phone: _____ Soc. Sec. (or FIN): _____ Driver's License #: _____ State: _____

The Social Security Number will be used to identify personal records which may be required during the background investigation. (Authority: Business and Professions Code Section 19440, Public Law 93-579, Section 7.)