

APPLICATION FOR 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
 Name of Spouse (Husband/Wife/
 State-Registered Domestic Partner) _____

Business Phone _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

Place of Birth: _____ Birth Date: ____/____/____
 month day year

 Type of license applied for TB QH HH Arabian Mule

Were you licensed by the California Horse Racing Board last year? NO YES

Previous License No. _____ PRESENT OR ATTACH PREVIOUS YEAR'S LICENSE FOR RENEWAL

LICENSE FEE

\$250
 Open Claim Cert./License.

\$200
 Off., Dir., Partner, 5% Stock Holder
 of Rac. Assn., Simulcast Sr.
 Supplier, Totalizator Company

\$150
 Horse Owner, Trainer, Asst. Trainer,
 Jockey, App. Jockey, Driver, Jockey
 Agt. Bldstk Agt. Veterinarian,
 Official, Manager, Racing Officials,
 Steward.

\$75
 PM Employees, Valet, Asst. to
 Official, Asst. Gen. Mgr. Pony Rider,
 Vendor, Vendor Emp., Exercise
 Rider, Horse shoer, Stable Agt.,
 Foreman, Clerical, Security, Misc.
 Classes.

\$35
 Groom, Stbl. Emp., Stbl. Asst.

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

1. Have you ever been convicted of an offense by a court? YES NO
 Include offenses to which you pled nolo contendere or which were dismissed per Sec. 1203.4 P.C. Exclude offenses settled in Juvenile Court or under the Youth Offenders Law, sealed per Sec. 781 W.I.C., specified in Sec. 11361.5 H&S, or traffic offenses where the fine was \$300 or less.
2. Are you presently licensed to participate in racing by any other Racing Commission? YES NO
 If so, give State: _____
3. Has any of your license(s) to participate in racing EVER been revoked or suspended for more than 10 days? YES NO
4. Have you EVER used another name in obtaining a license from any Racing Commission? YES NO
5. Are you presently employed by a Racing Association or Trainer? YES NO
 If so, give name: _____
6. E-mail address: _____

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 the application are true and correct.

 Signature

 Date of Application

Reviewed by _____
 F.P. _____
 SPECIAL CODE _____
 SUBSTANCE ABUSE _____
 SEMINAR _____

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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.)