

APPLICATION FOR RENEWAL OR REPLACEMENT LICENSE

NO:
 DATE:
 ISSUED AT:

Please Print in Ink or Type

 Last Name First Name Middle Name

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

() _____
 (Business) Telephone No. Name of spouse (Husband/Wife) CHRB Lic. No. _____
 Number Exp. Yr.

_____ TB QH HH App. Arabian
 Type of license applied for

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



LICENSE FEE	
Open Claim Cert./License	\$250
	\$200
Off., Dir., Partner, 5% Stock holder of Rac. Assn., Simulcast Srv. Supplier, Totalizator company	\$150
Horse Owner, Trainer, Asst. Trainer, Jockey, App. Jockey, Driver, Jockey Agt., Bldstck Agt., Veterinarian, Official, Manager, Racing Official, Steward.	\$75
PM Employee, Valet, Asst. to Official, Asst. Gen. Mgr., Pony Rider, Vendor, Vendor Emp., Exercise Rider, Horse-shoer, Stable Agt., Foreman, Clerical, Security, Misc. Classes.	\$34
Assessment - Reciprocity	\$20
Groom, Stbl. Emp., Stbl. Asst.	\$15
Duplicate - Replacement License	

- Have you been convicted of ANY public (criminal) offense within the past 36 months? 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.
- Are you presently licensed to participate in racing by any other Racing Commission? YES NO
 If so, give State(s): _____
- Has any of your license(s) to participate in racing EVER been revoked or suspended for more than 10 days? YES NO
- (Trainers, Jockeys, Drivers ONLY) Do you intend to participate in the ARCI Reciprocity Program? YES NO
 If so, give State(s): _____
- Are you presently employed by a Racing Association or Trainer? YES NO
 If so, give name: _____

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 PROVIDED BELOW WILL BE KEPT CONFIDENTIAL

 Residence Address City State Zip

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

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