

Addition of Rule 1489.2, Criteria to Evaluate Rehabilitation of a Person When Considering  
Denial, Suspension or Revocation of an Occupational License  
Filed with Secretary of State September 13, 2016  
Effective September 13, 2016

# RESUBMITTAL

**ENDORSED - FILED**  
 In the office of the Secretary of State  
 of the State of California

SEP 13 2016

1:52 pm

STANDARD FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2015-0903-01</b>	REGULATORY ACTION NUMBER <b>2016-0805-03SR</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
AGENCY WITH RULEMAKING AUTHORITY California Horse Racing Board		AGENCY FILE NUMBER (if any)	

**AUG - 8 - P 3:08**  
**OFFICE OF ADMINISTRATIVE LAW**

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2015 38-2</b>	PUBLICATION DATE <b>9/18/2015</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Criteria to Evaluate Rehabilitation	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2016-0412-015
---	---

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)	
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT 1489.2
	AMEND
TITLE(S) 4	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
 Modified Text Notice period began May 25, 2016 and concluded June 9, 2016.

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify)			

7. CONTACT PERSON Phillip Laird	TELEPHONE NUMBER (916) 263-6025	FAX NUMBER (Optional) (916) 263-6022	E-MAIL ADDRESS (Optional) pjlaird@chr.ca.gov
------------------------------------	------------------------------------	---	---

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 8/4/16
TYPED NAME AND TITLE OF SIGNATORY Jacqueline Wagner, Assistant Executive Director	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

SEP 13 2016

Office of Administrative Law

CALIFORNIA HORSE RACING BOARD  
TITLE 4. CALIFORNIA CODE OF REGULATIONS  
ARTICLE 4. OCCUPATIONAL LICENSES  
PROPOSED ADDITION OF

RULE 1489.2. CRITERIA TO EVALUATE REHABILITATION OF A PERSON WHEN  
CONSIDERING DENIAL, SUSPENSION OR REVOCATION OF AN OCCUPATIONAL LICENSE

1489.2. Criteria to Evaluate Rehabilitation of a Person When Considering Denial, Suspension or Revocation of an Occupational License

(a) When considering the denial of a license under Business and Professions Code section 480, or the suspension or revocation of licensure under Business and Professions Code section 490, on the grounds that the person has committed an act or been convicted of a crime, the California Horse Racing Board will evaluate the rehabilitation of such person and his or her eligibility for licensure, and shall consider the following criteria:

(1) The nature and severity of the act(s) and/or offense(s), including its relation to horse racing or pari-mutuel wagering and the protection of the public.

(2) The total criminal record, including evidence of any act(s) and/or offense(s) committed subsequent to the act(s) or offense(s) under consideration as grounds for denial, suspension or revocation which also could be considered grounds for denial, suspension, or revocation under Business and Professions Code sections 480 or 490.

(3) The time that has elapsed since commission of the act(s) or offense(s).

(4) The extent to which the person seeking licensure or the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the person or licensee.

(5) The credibility of the person seeking licensure or the licensee, and his or her acceptance of responsibility and remorse for the conduct.

(6) Evidence, if any, of rehabilitation submitted by the person seeking licensure or by the licensee. If the evidence of rehabilitation consists of written statements by third parties in support of the

person seeking licensure or the licensee, the written statements shall include a description of their relationship to the person or licensee, a description of the length of time their relationship has existed, a description of the rehabilitative efforts of the person seeking licensure or the licensee and should contain the following sentence at the end: "I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct." The written statement should be signed by the third party making the statement and dated.

Authority: Sections 482 and 19440,  
Business and Professions Code.

Reference: Sections 480, 482, 490, 19460 and 19461,  
Business and Professions Code.