

APPLICATION FOR LICENSE

CHRB-4 (Rev. 08/24)

CHRB USE ONLY:

LIC #:CODE/CLASS: LOCATION: REVIEWER:

DATE:

In order to obtain a CHRB license, applicants must complete a CHRB-4 and submit with the required fees. All applicants are required to complete Sections A and B in their entirety. Applicants for a trainer's license shall also complete Section C. Applicants for a Stable Name shall also complete Section D and applicants for an owner's license shall also complete Section E.

☐ New Applicant☐ Renewal☐ Replacement (Section A only)

SECTION A: General Information

Information contained in Section A is considered "public record" and may be disclosed pursuant to a Public Records Act Request. An Address of Record is required and is the primary means of correspondence between the licensee and the CHRB.

If a Post Office Box or mail service box is utilized, a personal/physical address shall be listed at the bottom of this page and will remain confidential.

Last NameFirst NameMiddle Name

Street # or PO BoxStreetCityStateZip

EmailPhoneName of Spouse (Husband/Wife/Domestic Partnership)HISA ID #

Type of License applying for:☐ TB☐ QH☐ SB☐ ARABIAN☐ MULE☐ OTHER

Have you EVER been licensed by the CHRB before?☐ YES☐ NOIf yes, provide most recent CHRB License #:Expiration:

NEW Applicants Only:

Date of BirthHeightWeightEye ColorHair ColorPlace of Birth (City & State or Country)

SECTION B: Background Information

1. NEW APPLICANTS: Have you EVER been convicted of any criminal offense? Below, list all convictions and pending cases, including offenses to which you pled nolo contendere, or which were dismissed per Penal Code Section 1203.4. Exclude offenses settled in Juvenile Court or under the Youth Offenders Law, sealed per Welfare & Institutions Code Section 781, specified in Health & Safety Code Section 11361.5, or traffic offenses where the fine was \$300 or less (Attach additional pages if necessary).☐ YES☐ NO
2. RENEWAL APPLICANTS: Have you been convicted of any criminal offenses in the past 36 months, or do you have any criminal cases pending? If yes, list below (Attach additional pages if necessary).☐ YES☐ NO

Date	Location (City & State)	Offense	Sentence
3. Are you presently licensed by any other Racing Commission? If yes, list all State(s):☐ YES☐ NO
4. Is your license currently suspended, or are you under investigation in any other racing jurisdiction?☐ YES☐ NO
5. Has your license(s) to participate in racing EVER been revoked or suspended for more than 5 days?☐ YES☐ NO
6. Have you EVER used another name in obtaining a license from any Racing Commission?☐ YES☐ NO
7. Are you presently employed by a Racing Association or Trainer? If yes, list name(s):☐ YES☐ NO

INFORMATION PROVIDED ON THIS PAGE, ABOVE THIS POINT, IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT
INFORMATION LISTED BELOW, ON THIS PAGE ONLY, WILL BE KEPT CONFIDENTIAL

Personal/Physical Address (Required if P.O. Box or mail service box is listed above):

Street # or PO BoxStreetCityStateZip

PhoneSSN (or EIN)Driver's License #ExpirationState

Pursuant to Business and Professions Code Section 19440, Public Law 93-579, Section 7, Social Security Number may be used to identify personal records during background investigation.

I hereby make application for a license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I acknowledge that by providing my electronic signature for this application, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this application, and my intent to be bound by it. I certify under penalty of perjury that the statements and answers I have made on this application are true and correct.

Applicant Signature

Date of Application

SECTION C: Trainer's License Applicants Only

1.

Do you hold any license issued by the California Horse Racing Board, other than that of a Trainer?
If yes, provide type(s) of license and the license(s) number: _____

☐ YES ☐ NO

2.

Do you hold, or have you ever held, a license as a Trainer in any other State?
If yes, list State(s): _____

☐ YES ☐ NO

3.

Do you conduct business as a "Public Trainer"?

☐ YES ☐ NO

4.

Do you have a current workers' compensation insurance policy?
Carrier Name: _____ Policy Number: _____ Expiration: _____

☐ YES ☐ NO

5.

Do you have, or have you ever had, any racing-related financial obligations past due or unpaid more than 90 days?
Racing-related obligations include, but are not limited to, veterinary services, feed bills, jockey mount fees, nomination and entry fees, racing employee wages, etc.

☐ YES ☐ NO

6.

Do you meet the qualifications required outlined in CHRB Rule 1503 and/or the continuing education requirements outlined in CHRB Rule 1503.5?

☐ YES ☐ NO

SECTION D: Stable Name Applicants Only

1.

The name to be registered for racing operations of the stable is: _____
Address: _____ Phone: _____ Tax ID# (EIN): _____

2.

The individual responsible for the conduct of this stable is: _____ CHRB License #: _____

3.

The stable business is organized as: ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Corporation

4.

Have you registered this Stable Name with any other State Racing Commission?
If yes, list State(s): _____

☐ YES ☐ NO

5.

Have you filed and registered your Stable Name as a Fictitious Business Name (FBN), if required by state law?

☐ N/A ☐ YES ☐ NO

6.

Do you intend to register an Authorized Agent to withdraw monies from your horsemen's account? (For Authorized Agent, CHRB-10 is required)

☐ YES ☐ NO

7.

List the name(s), address and ownership percentage for ALL individuals who have a financial interest in this Stable:
(Attach additional pages or a separate listing if necessary)

%	Name	CHRB License #

SECTION E: Owner's License Applicants Only

1.

I intend to race as a(n): ☐ Individual ☐ General Partner ☐ Other _____

2.

Do you intend to use a Stable Name? List Stable Name: _____

☐ YES ☐ NO

3.

Do you have, or have you ever had, any racing-related financial obligations past due or unpaid more than 90 days?
Racing-related obligations include, but are not limited to, veterinary services, feed bills, jockey mount fees, nomination and entry fees, racing employee wages, amounts owed to a trainer, and workers' compensation insurance premiums (including reimbursements of those premiums that are billed to you by your trainer).

☐ YES ☐ NO

4.

Do you intend to register an Authorized Agent to withdraw monies from your horsemen's account?
If yes, list the name of your Authorized Agent _____ (For Authorized Agent, CHRB-10 is required)

☐ YES ☐ NO

5.

List the name of the licensed Trainer caring for your horse(s). _____ CHRB License #: _____
Note: An owner's license may not be issued unless the owner satisfies the workers' compensation insurance requirements of Business and Professions Code Section 19440 and CHRB Rule 1501. An owner can satisfy these requirements by making appropriate arrangements (including payment arrangements) with their trainer. If an owner fails to make appropriate arrangements with their trainer, then that owner must obtain his or her own workers' compensation insurance coverage.

6.

Do you intend to: ☐ utilize a "Public Trainer" (choose A or B below) or ☐ operate as a "Private Stable" (choose B below)
Workers' compensation requirements of Business and Professions Code Section 19440 and CHRB Rule 1501 are met by: (choose one)
A: ☐ My Public Trainer's workers' compensation insurance policy.
B: ☐ My own policy: Carrier Name: _____ Policy Number: _____ Expiration: _____

7.

For all horses you intend to race, list the name(s) of the horses and your ownership interest. (Attach additional pages or a separate listing if necessary)
A: _____ % B: _____ %

8.

List the name(s) of ALL "persons" who have a joint financial interest in the ownership of any listed horses.
Note the corresponding letter from #7, name of other owner, and their ownership percentage. ("Person" includes any real person or business entity)
____: _____ % ____: _____ %
____: _____ % ____: _____ %

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