

FINGERPRINT AFFIDAVIT

CHRB-118 (Rev. 09/23)

APPLICANT'S FULL LEGAL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

As an applicant for an occupational license as a horse "Owner" with the California Horse Racing Board, I hereby affirm that I submitted my fingerprints to the horse racing Board, Commission or other governing entity in the state of \_\_\_\_\_ during the calendar year \_\_\_\_\_ for the purpose of determining my suitability for licensure in that state.

I hereby authorize the California Horse Racing Board to request the release of any and all information related to my criminal history, background findings, license application, or any other information related to my request for licensure in the aforementioned jurisdiction.

I acknowledge that I am submitting this affidavit as part of my application for licensure by the California Horse Racing Board, and that any information deemed to be false, misleading, intentionally omitted, or incomplete may be grounds for the denial or refusal of a license. Furthermore, the California Horse Racing Board may suspend or revoke and all license(s) which may have already been issued by the Board.

I hereby release, discharge, and exonerate the Board, Commission or governing entity furnishing information pursuant to this release, including their agents and representatives, from liability or damages of any kind arising out of the furnishing of records in compliance with this authorization and request to release information.

This release shall be binding on my legal representatives, heirs, and assigns. A photocopy of this release is considered valid as the original.

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 for the collection of this information is contained in Business and Professions Code Section 19440. See Civil Code 1798.17 USC 552a(e).

I certify under penalty of perjury that the information contained on this affidavit is true and accurate and I willingly affix my signature hereto.

► \_\_\_\_\_  
License Applicant Signature

\_\_\_\_\_  
Date

Notary acknowledgment is not required if this document is signed before an employee of the CHRB

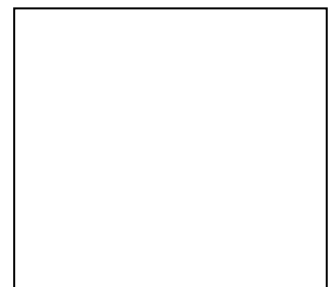
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness accuracy or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

► \_\_\_\_\_  
Notary Public Signature



Notary Public Seal