

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 4. OCCUPATIONAL LICENSES  
PROPOSED AMENDMENT OF RULE 1481, OCCUPATIONAL LICENSES AND FEES

1481. Occupational Licenses and Fees.

No person required to be licensed shall participate or attempt to participate in a race meeting without holding a valid license authorizing that participation.

(a) A person acting in any capacity within the restricted area of an inclosure, simulcast facility or auxiliary stabling area shall procure the appropriate license(s) and pay the fee required.

(b) A person acting in any of the following capacities shall procure the appropriate license(s) and pay the fee required:

- (1) ~~Horse Owner by Open Claim~~..... \$250
- (2) ~~Officer, Director, Partner, or any individual or person who holds 5% or more of the outstanding shares of an advance deposit wagering, mini-satellite wagering provider, racing association, simulcast service supplier, or totalizator company~~..... \$200
- (3) ~~Horse Owner~~..... \$150
- (4) ~~Trainer, Assistant Trainer, Driver, Jockey, Apprentice Jockey, Jockey Agent~~..... \$150
- (5) ~~Veterinarian~~..... \$150
- (6) ~~Steward, Associate Steward, Steward (Veterinary Service), Simulcast Facility Supervisor, Assistant Simulcast Facility Supervisor, Racing Official, Administrative or Managerial personnel including General Manager of a racing association, advance deposit wagering, mini-satellite wagering provider, simulcast organization or an intrastate guest association, who exercise control over other licensees, horse racing, pari-mutuel wagering, simulcast operations, or whose duties routinely require access to restricted areas of the inclosure~~..... \$150
- (7) ~~Bloodstock Agent~~..... \$150
- (8) ~~Valet, Jockey Room or Drivers' Room Attendant or Custodian or Service Person, Colors Attendant, Paddock Attendant~~..... \$75
- (9) ~~Assistant to a Racing Official or Official, Assistant General Manager of a racing association, simulcast organization or an intrastate guest association, Assistant Starter,~~

<del>Assistant to the Veterinarian, Assistant Manager, Announcer, Paymaster of Purses, Superintendent, Starting Gate Driver, Flagman, Marshal, Stewards' Aide.....</del>	<del>\$75</del>
<del>(10) Exercise Rider, Pony Rider, Outrider.....</del>	<del>\$75</del>
<del>(11) Horseshoer, Stable Agent, Vendor or Vendor's Employee when duties require access to the restricted area, Stable Foreman.....</del>	<del>\$75</del>
<del>(12) Pari-mutuel Employee, Totalizator Technician, Video Operator, Photofinish Operator.....</del>	<del>\$75</del>
<del>(13) Security Officer, Security Guard, Stable Gateman, Fire Guard, Security Investigator.....</del>	<del>\$75</del>
<del>(14) Clerical Employee or Uncategorized Employee of a racing association, intrastate guest association, simulcast organization, simulcast service supplier, totalizator company, horsemen's organization or concessionaire when employed in a restricted area.....</del>	<del>\$75</del>
<u>(1) Association Employee, which includes those hired by a racing association who have access to the licensed inclosure, such as food service, maintenance, media, security, track management, and racing staff.....</u>	<u>\$100</u>
<u>(2) Bloodstock Agent.....</u>	<u>\$150</u>
<u>(3) Corporate Officer.....</u>	<u>\$200</u>
<u>(4) Driver or Provisional Driver.....</u>	<u>\$150</u>
<u>(5) Exercise Rider or Provisional Exercise Rider.....</u>	<u>\$100</u>
<u>(6) Farrier.....</u>	<u>\$100</u>
<u>(7) Jockey Agent.....</u>	<u>\$150</u>
<u>(8) Jockey or Jockey Apprentice.....</u>	<u>\$150</u>
<u>(9) Jockey Valet.....</u>	<u>\$100</u>
<u>(10) Off-track wagering personnel.....</u>	<u>\$100</u>
<u>(11) Owner, including Open-Claim Owner.....</u>	<u>\$200</u>
<u>(12) Pari-Mutuel employee, including Auditor, Self-Service Terminal Operator, Totalizator Technician, and Pari-Mutuel Manager.....</u>	<u>\$75</u>

<u>(13) Pony Rider.....</u>	<u>\$100</u>
<u>(14) Racing Official, as defined in subsection 19510(c) of the Business and Professions Code.....</u>	<u>\$150</u>
<u>(15) Safety Personnel, including security guard, emergency medical personnel, and public safety official (law enforcement and fire department).....</u>	<u>\$100</u>
<u>(16) Special Event Personnel.....</u>	<u>\$100</u>
<u>(17) Special Event - Temporary, which includes those hired to work for a period of no more than thirty days and who are responsible for security at stakes races or other high-profile events.....</u>	<u>\$50</u>
<u>(18) Stable Agent.....</u>	<u>\$100</u>
<u>(19) Stable Foreman.....</u>	<u>\$100</u>
<u>(20) Stableworker, including those who feed, groom, exercise, train, or conduct other general care of horses.....</u>	<u>\$50</u>
<u>(21) Stakeholder Representative, including clergy, union representative, and representative from a state-recognized organization of trainers or horsepersons.....</u>	<u>\$100</u>
<u>(22) Trainer or Assistant Trainer.....</u>	<u>\$150</u>
<u>(23) Vendor or Vendor Employee, including those who provide goods or services at a facility licensed by the Board.....</u>	<u>\$100</u>
<u>(24) Veterinarian Assistant, including Registered Veterinary Technician and those employed by a Board-licensed veterinarian.....</u>	<u>\$100</u>
<u>(25) Veterinarian.....</u>	<u>\$150</u>

~~(c) A person acting in the capacity of Backstretch Event Personnel, Groom, Provisional Exercise Rider, Stable Employee or Stable Assistant shall procure the appropriate annual license. The fee for an original license is \$35, and the annual renewal of license is \$20.~~

~~(dc)~~ A person acting in the capacity of Authorized Agent shall register an authorized agent agreement and registration of authorized agent and pay a fee of ~~\$25~~50 for each registration.

~~(ed)~~ A person or persons electing to conduct racing operations by use of a Stable Name, or stable name group, shall register the Stable Name, or stable name group, and pay a fee of \$300.

(fe) A person or persons conducting racing operations as a syndicate, an entity running under a stable name group or as a partnership having more than ten general partners or having one or more limited partners shall register the syndicate, entity running under a stable name group or partnership as a multiple ownership and pay a fee of \$300.

(gf) A person participating in any capacity required to be licensed under this rule who participates or attempts to participate at a mule racing meeting shall procure an annual Mule Racing Participant license and pay an annual fee of \$25. A license for participating in a mule racing meeting is valid only at mule racing meetings and any license otherwise valid for horse racing meetings is not valid for mule racing meetings.

(hg) A person whose license-identification card is lost, destroyed or mutilated shall procure a replacement license-identification card and pay a fee of \$~~15~~20.

(ih) A person who elects to participate in the ~~Association of Racing Commissioners International (ARCI) Licensing Reciprocity Program~~National Racing Compact (NRC) National Licensing Program shall pay the associated costs charged by the ~~ARCI~~NRC and the Federal Bureau of Investigation.

(ji) The date the payment of the required fee is received and recorded by the Board is the effective date of issuance of a continuous occupational license for the capacity in which licensed. The fees required herein are for the entire period for which the issued license is to be valid.

Authority: Sections 19440, 19510, 19520 and 19704,  
Business and Professions Code.

Reference: Sections 19510, 19520 and 19704,  
Business and Professions Code.

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 4. OCCUPATIONAL LICENSES  
PROPOSED AMENDMENT OF RULE 1483, APPLICATION FOR LICENSE

(a) An applicant for a license shall apply in writing on ~~the application forms furnished by the Board~~ an Application for License, CHRB-4 (Rev. 08/24), hereby incorporated by reference, which is required for all license applicants. Every applicant for an original license shall provide two (2) or more complete sets of fingerprints ~~on regulation forms via electronic submission.~~ Applicants requesting an exemption from the electronic submission requirement shall complete an exemption request on a form designated by the Board and provide fingerprints on fingerprint cards provided by the Board. Every license identification card issued by the Board shall include a current Board photograph of the licensed person.

(b) The fingerprint requirement ~~will~~ may be waived for an owner's license, if the applicant holds an owner's license in good standing from a racing jurisdiction that requires fingerprints and conducts a criminal history inquiry as part of their license application; Additionally, the racing jurisdiction must participate in reciprocity with the Board, and the applicant must provide a completed Fingerprint Affidavit, CHRB-118 (New 1/97 Rev. 9/23), hereby incorporated by reference, is completed. ~~CHRB-118 is available at all CHRB offices.~~

Authority: Sections 19460 and 19510,  
Business and Professions Code.

Reference: Sections 19460, 19510, and 19520,  
Business and Professions Code.

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 4. OCCUPATIONAL LICENSES  
PROPOSED AMENDMENT OF RULE 1486, TERM OF LICENSE

(a) Every occupational license, original or renewal, granted by the Board under this Article, ~~other than a license as a groom, provisional exercise rider, stable employee, stable assistant, backstretch event personnel and mule racing participant~~ shall expire in its third year on the last day of the birth month ~~of~~ in which the license was issued, except as noted in subsection (b) of this section.

(b) ~~Every original occupational license as groom, provisional exercise rider, stable employee, stable assistant, backstretch event personnel and mule racing participant shall expire on the last day of the calendar year in which it is issued. Such original license shall be automatically extended to expire on the last day of the birth month of the licensee. Renewal licenses shall expire on the last day of the birth month of the licensee on an annual basis. Licenses issued to individuals pursuant to subsection (b)(17) of section 1481 of this Article shall expire thirty days after issuance.~~

Authority: Sections 19440 and 19704,  
Business and Professions Code.

Reference: Sections 19510, 19520, 19521 and 19704,  
Business and Professions Code.

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 4. OCCUPATIONAL LICENSES

Each licensee, applicant for license, or registrant of the Board shall file with the Board his or her permanent Address of Record and, if the Address of Record is a Post Office Box or mail service box, his current mailing physical address, and All address changes shall be reportreported in writing to the Board ~~any and all changes to addresses, giving both his old and his new address~~ using the designated form.

Authority: Sections 19440 and 19704,  
Business and Professions Code.

Reference: Sections 19510, 19520, 19521 and 19704, Business and Professions Code.

## APPLICATION FOR LICENSE

CHRB-4 (Rev. 08/24)

## CHRB USE ONLY:

LIC #: \_\_\_\_\_

DATE: \_\_\_\_\_

CODE/CLASS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

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 Name		First Name		Middle Name	
Street # or PO Box		Street		City	State Zip
Email		Phone		Name of Spouse (Husband/Wife/Domestic Partnership)	
				HISA ID #	
Type of License applying for: _____					
<input type="checkbox"/> TB <input type="checkbox"/> QH <input type="checkbox"/> SB <input type="checkbox"/> ARABIAN <input type="checkbox"/> MULE <input type="checkbox"/> OTHER					
Have you <b>EVER</b> been licensed by the CHRB before? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, provide most recent CHRB License #: _____ Expiration: _____					

NEW  
Applicants  
Only:

Date of Birth	Height	Weight	Eye Color	Hair Color	Place of Birth (City & State or Country)
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## 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? ☐ YES ☐ NO  
If yes, list below (Attach additional pages if necessary).
- | 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 Box		Street		City	State Zip
Phone		SSN (or EIN)		Driver's License #	
				Expiration State	

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 #: \_\_\_\_\_

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

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

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)*  
\_\_\_\_: \_\_\_\_\_ % \_\_\_\_: \_\_\_\_\_ %  
\_\_\_\_: \_\_\_\_\_ % \_\_\_\_: \_\_\_\_\_ %

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.

STATE OF CALIFORNIA  
California Horse Racing Board  
CHRB-118 (New 1/97)

**FINGERPRINT AFFIDAVIT**

No. \_\_\_\_\_

Please Print in Ink or Type

I, \_\_\_\_\_  
(Full Legal Name) \_\_\_\_\_  
(Social Security Number) \_\_\_\_\_  
(Date of Birth) \_\_\_\_\_  
hereby state that I have submitted completed fingerprint cards, during the calendar year of \_\_\_\_\_  
(Year Fingerprinted)  
to the \_\_\_\_\_  
(Originating Racing Board/Commission), for the purpose of checking any criminal history record which I may have.

I hereby authorize the California Horse Racing Board to request from the above-stated originating racing jurisdiction, the release of any information and/or copies of records to determine the validity of this sworn affidavit statement and determination of licensing in California.

I understand that I submit this affidavit as part of my license application to the California Horse Racing Board, and that by providing false information or failing to provide complete information on this affidavit, I may be subject to fine and understand that the Board may refuse or deny my license, or may suspend or revoke any and all license(s) which may have been issued to me by the Board. I certify under penalty of perjury that this affidavit is complete and true, and I knowingly and willingly affix my signature hereto.

\_\_\_\_\_  
Signature of License Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary acknowledgement

Notary acknowledgement not required if signed before an  
employee of the CALIFORNIA HORSE RACING BOARD

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 collection of this information: Business and Professions Code Section 19440 (see Civil Code 1798.17, USC 552a(e).)

 OSP 00 45671

## 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 California, 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