

STEWARDS OR JUDGES APPROVED
YEAR FINGERPRINTED IN OHIO
FINGERPRINTS ARE VALID FIVE (5) YEARS INCLUDING YEAR PRINTED IN OHIO.

Northfield Park
 10705 Northfield Rd
 Northfield, Oh 44067
 ATTN: OSRC
 330-467-4101 ext. 2307
 Fax: 330-467-4689

LICENSE NUMBER		
INSPECTOR	DATE ISSUED	RECAP NUMBER

Ohio State Racing Commission License Application for _____

PLEASE PRINT CLEARLY

In accordance with commission rules and regulations, I hereby apply for the following License:

Thoroughbred
 Harness
 Quarter Horse
 Fair

TYPE OF LICENSE	LICENSE FEE	CHECK OR MONEY ORDER #	EMAIL ADDRESS
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LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER		
PERMANENT ADDRESS: NUMBER AND STREET			CITY	STATE	ZIP
PRESENT ADDRESS: NUMBER AND STREET			CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)			PHONE NUMBER		

Other than traffic related, have you been arrested for, or convicted of any criminal charge? If **YES**, provide all information concerning the charge or charges, including date, location and final disposition. **Attach additional sheets if necessary.**

YES **NO**

OWNERS

LIST YOUR TRAINER(S) HERE

NAME OF HORSE	LIST OWNER(S)/STABLE NAMES

ALL APPLICANTS

At this time are you under suspension, or ineligible to participate in racing/gaming by any racing/gaming organization, association, commission or recognized authority in the United States or elsewhere? If YES, state when, where and by whom the rulings were made and the offense(s) charged. Attach additional sheets if necessary.	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within the past five years has your racing license been denied, suspended or revoked, or have you been ruled ineligible for licensing by any racing commission or other racing authority? If yes, provide particulars. Attach additional sheets if necessary.	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has racetrack management ever ejected or denied you from admittance to the grounds? If YES, provide details. Attach additional sheets if necessary.	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZED AGENT

To be answered for an authorized or jockey agent license by the person or persons (owner, jockey, etc.) appointing the authorized agent.

I HEREBY APPOINT (NAME):			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
To act as my authorized agent/jockey agent for the year written in at the right in all matters pertaining to the racing of my horse under the rules, regulations and conditions of the state racing commission and the laws of the state. I do hereby authorize my said agent to act for me subject to the following limitations			YEAR
PRINT NAME OF APPOINTEE	STATE LIMITATIONS, IF ANY		
It is hereby understood that I assume responsibility for the acts of my authorized agent or jockey agent in connection with this authority.			
This _____ Day of _____, 20 _____	SIGNATURE OF APPOINTEE		

APPRENTICE JOCKEYS ONLY

Name of stable with which you have had one year of previous service:

STABLE NAME	OWNER OF STABLE	NUMBER OF WINNERS RIDDEN
DATE OF FIRST WIN	LOCATION OF FIRST WIN (RACETRACK)	

GROOM APPLICATION MUST BE SIGNED BY EMPLOYER

DATE	PRINT NAME OF EMPLOYER	SIGNATURE OF EMPLOYER
ALL APPLICANTS FOR OWNERS AND/OR TRAINERS LICENSES MUST ANSWER THE FOLLOWING: DO YOU CARRY WORKERS COMPENSATION INSURANCE COVERAGE FOR ALL PERSONS YOU EMPLOY?		YES <input type="checkbox"/> NO <input type="checkbox"/>
		IF YOU DO NOT CARRY WORKERS COMPENSATION INSURANCE CHECK THE PROPER REASON:
		<input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/> CONTRACT LABOR

READ BEFORE SIGNING

In affixing my signature to this application, I certify I have read and, to the best of my knowledge, correctly and truthfully answered each of the questions or statements on this application and I agree to follow the rules of the Ohio State Racing Commission. I hereby consent to the search of my person, my personal effects and places that I have the right to occupy and have control over while on the premises of a permit holder. I agree to provide a breath or urine sample in accordance with the Ohio Rules of Racing. I consent to the seizure of any illegal article or substance forbidden by the Ohio Rules of Racing found in my possession or in a location under my control on the premises of a permit holder. My refusal to consent to any searches and seizures described above may result in the immediate revocation of my commission license and my being ruled off all jurisdictions under the Ohio State Racing Commission.

DATE OF APPLICATION	PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT
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