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|--------------------|--|----------------|-------------|--------------|
| Stewards Or Judges | Ohio State Racing Commission 77 S. High St. ~ 18th Floor Columbus, Ohio 43215-6108 (614) 466-2757 ~ Fax (614) 466-1900 www.racingohio.net | License Number | | Recap Number |
| | | Inspector | Date Issued | |

Ohio State Racing Commission License Application

In Accordance With Commission Rules and Regulations I Hereby Apply for the Following License.

Check one: **Thoroughbred** **Harness** **Quarter Horse** **Fair**

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|-------------------------|-------------------------------------|
| Last Year Fingerprinted | State or Province Fingerprinted For |
|-------------------------|-------------------------------------|

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|----------------------------|----------------------------|---|----------------|
| Type of License (Describe) | License Fee (See Schedule) | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | E-Mail Address |
|----------------------------|----------------------------|---|----------------|

| | | | |
|--------------------------|-------|----------------|------------------------|
| Last Name (Please Print) | First | Middle Initial | Social Security Number |
|--------------------------|-------|----------------|------------------------|

| | | | |
|---|------|-------|----------|
| Permanent Address: Number and Street | City | State | Zip Code |
|---|------|-------|----------|

| | | | |
|---------------------------------------|------|-------|----------|
| Present Address: Number and Street | City | State | Zip Code |
|---------------------------------------|------|-------|----------|

| |
|---|
| Employer Name, Address and Telephone Number |
|---|

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|--|-------------------|-------------------|
| Date of Birth (Month / Day / Year) / / | Home Phone Number | Cell Phone Number |
|--|-------------------|-------------------|

| | | |
|-------------|----------------|-------|
| Make of Car | License Number | State |
|-------------|----------------|-------|

Other than traffic, in the last ten years have you been arrested or convicted or served time on any criminal charge? **Yes** **No**
 If so, provide all information concerning the charge or charges, including date, location and final disposition. **Attach additional sheets if necessary.**

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| Do you have a valid racing license from another jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/> | Jurisdiction / License Number |
| Do you have a United States Trotting Association license? Yes <input type="checkbox"/> No <input type="checkbox"/> | USTA License Number |

Name of Trainer:

List horses in your care and all persons, including yourself, who hold any interest in those horses.

| Name of Horse | Owner | Address |
|---------------|-------|---------|
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At this time are you under suspension, ruled off, or ineligible to participate in racing by any racing 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

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

Have you ever been ejected from or denied the privileges of a racetrack? **Attach additional sheets if necessary.**

Yes No

The following to be answered by 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 Winner | Location of First Winner (Racetrack) | |

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

Signature(s) 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 Appointor

Groom application must be signed by employer.

| | | |
|------|--------------------------|-----------------------|
| Date | Printed 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 No

If you do not carry workers compensation insurance check the proper reason: No Employees 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 will automatically result in the immediate revocation of my commission license and my being ruled off all tracks in Ohio for the remainder of the calendar year, and is sufficient reason for the Ohio State Racing Commission to refuse to issue me a license for a period not to exceed two calendar years.

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|---------------------|---------------------------|------------------------|
| Date of Application | Printed Name of Applicant | Signature of Applicant |
|---------------------|---------------------------|------------------------|