

STEWARDS OR JUDGES	OHIO STATE RACING COMMISSION 77 S. High St. -- 18th Floor Columbus, Ohio 43215-6108 (614) 466-2757	LICENSE NUMBER	
		INSPECTOR INITIALS	DATE ISSUED
<i>FINGERPRINTED IN THE YEAR</i> _____		<i>FOR OFFICIAL USE ONLY</i>	

APPLICATION FOR OHIO STATE RACING COMMISSION LICENSE				
CHECK ONE	<input type="checkbox"/> THOROUGHBRED	<input type="checkbox"/> HARNESS	<input type="checkbox"/> QUARTER HORSE	<input type="checkbox"/> FAIR
TYPE OF LICENSE (DESCRIBE)			FEE	

IN ACCORDANCE WITH COMMISSION RULES AND REGULATIONS I HEREBY APPLY FOR THE LICENSE DESCRIBED ABOVE.

PRINT FULL NAME: LAST FIRST MIDDLE INITIAL			SOCIAL SECURITY NUMBER	
PERMANENT ADDRESS: NUMBER AND STREET			CITY	STATE ZIP
PRESENT ADDRESS: NUMBER AND STREET			CITY	STATE ZIP
DATE OF BIRTH / /	EMPLOYER (INCLUDE ADDRESS AND TELEPHONE NUMBER)			
HOME PHONE NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MAKE OF CAR	LICENSE NUMBER	STATE

Other than traffic, have you been arrested, convicted or served time on any criminal charge(s) during the last ten years? If so, provide information (date, location and final disposition of case) related to the charge(s). Attach additional sheets if necessary.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DO YOU PRESENTLY HOLD A VALID RACING LICENSE FROM ANOTHER JURISDICTION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	JURISDICTION AND LICENSE NUMBER
DO YOU HOLD A VALID USTA LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LICENSE NUMBER

LIST STATES YOU WERE LICENSED IN DURING THE PAST FIVE YEARS, TYPES OF LICENSES HELD, AND LAST YEAR FINGERPRINTED.	
Last Year Fingerprinted:	Jurisdiction Fingerprinted In:

LIST BELOW ALL HORSES IN YOUR CARE AND THE NAMES OF ALL PERSONS, INCLUDING YOURSELF, WHO HOLD ANY INTEREST IN SUCH HORSES.		
NAME OF HORSE	OWNER	ADDRESS

NAME OF TRAINER

At this time are you under suspension, ruled off, or otherwise ineligible from participation in racing by any racing organization, association, commission or other recognized authority in the United States or elsewhere? If yes, state when, where and by whom the ruling(s) were made or the offense(s) charged.

YES NO

ATTACH ADDITIONAL SHEETS IF NECESSARY

Within the past five (5) years has your racing license been denied, suspended or revoked, or have you otherwise been made ineligible for licensing by any racing commission or racing authority? If yes, provide particulars.

YES NO

ATTACH ADDITIONAL SHEETS IF NECESSARY

Have you ever been ejected from or denied the privileges of a racetrack? If yes, provide particulars

YES NO

ATTACH ADDITIONAL SHEETS IF NECESSARY

THE FOLLOWING TO BE ANSWERED BY APPRENTICE JOCKEYS ONLY . NAME OF STABLE WITH WHICH YOU HAVE HAD ONE (1) YEAR OF PREVIOUS SERVICE.			
OWNER		NUMBER OF WINNERS RIDDEN	
DATE OF FIRST WINNER	NAME OF TRACK		

TO BE ANSWERED FOR **AUTHORIZED AGENT/JOCKEY AGENT LICENSE** BY PERSON (OWNER, JOCKEY, ETC.) APPOINTING AGENT.

I HEREBY APPOINT (PLEASE PRINT) NAME _____

ADDRESS (NUMBER AND STREET) _____ CITY _____ STATE _____ ZIP _____

TO ACT AS MY AUTHORIZED AGENT/JOCKEY AGENT FOR THE YEAR INDICATED IN ALL MATTERS PERTAINING TO THE RACING OF MY HORSES UNDER THE RULES AND CONDITIONS OF THE 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)	LIMITATIONS, IF ANY
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I ASSUME FULL RESPONSIBILITY FOR THE ACTS OF MY AUTHORIZED AGENT/JOCKEY AGENT IN CONNECTION WITH THIS AUTHORITY.

THIS _____ DAY OF _____ 20 _____

SIGNATURE OF APPOINTER _____

GROOM APPLICATIONS MUST BE SIGNED BY EMPLOYER

THIS _____ DAY OF _____ 20 _____

SIGNATURE OF APPOINTER _____

THE FOLLOWING IS TO BE ANSWERED BY ALL APPLICANTS FOR **OWNERS AND/OR TRAINERS LICENSES**.

DO YOU CARRY WORKERS COMPENSATION INSURANCE COVERAGE FOR ALL PERSONS YOU EMPLOY? YES NO

IF YOU DON'T CARRY WORKERS COMPENSATION INSURANCE CHECK REASON WHY: NO EMPLOYEES CONTRACT LABOR

In affixing my signature to this application, I hereby certify **I have read and, to the best of my ability and knowledge, completely and truthfully answered or completed each question on this application.** I hereby consent to the search of my person, my personal effects, and places that I have the right to occupy or control while on the premises of a permit holder. I also consent to providing a breath or urine sample in accordance with Ohio Rules of Racing. I consent to the seizure of any article or substance found in my possession or in a location under my control on the premises of a permit holder that is illegal to possess or control or is forbidden by Ohio Rules of Racing. I understand my refusal to consent to searches and/or seizures as described above will automatically result in the immediate revocation of my Ohio State Racing Commission license and my being ruled off all tracks in Ohio for the remainder of the calendar year. I further understand my refusal to consent to such searches and/or seizures is sufficient basis for the Ohio State Racing Commission to refuse to issue to me a license for a period not to exceed two full calendar years following the year of refusal to consent.

DATE OF APPLICATION	SIGNATURE OF APPLICANT
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