

OKLAHOMA HORSE RACING COMMISSION
ONE REMINGTON PLACE – BUILDING B
OKLAHOMA CITY, OK 73111
(405) 419-4441 or (405) 943-6472
www.ohrc.ok.gov
ohrclicensing@ohrc.ok.gov

**CY 2025 RENEWAL APPLICATION FOR
INDEPENDENT TESTING LABORATORY LICENSE**

The non-refundable license fee of \$5,000.00 and an investigation fee in an amount equal to one-half of the license fee must accompany this completed application for a total of \$7,500.00.

Application must be typewritten or **CLEARLY PRINTED** in ink. All questions must be answered in full. If a question is not applicable, please respond as Not Applicable. **An application that is not complete and legible will cause a delay in the review process.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the question.

One original of the renewal license application must be submitted in a three-ring binder with divider tabs for each of the Exhibits and Appendices.

I.

GENERAL INFORMATION

Name of Applicant: _____

Business Address: _____

Business Telephone: _____

Business Fax: _____

Trade Name Used: _____

Other Company/Trade Names: _____

Federal Tax I.D. Number: _____

NAME, E-MAIL, AND DAYTIME TELEPHONE NUMBER OF THE PERSON WHO WILL SERVE AS THE CONTACT PERSON FOR COMMISSION AGENTS.

Name

E-Mail Address

Daytime Telephone (Area Code) Number

1) Applicant is a: (Circle one)

- Corporation LLC Partnership Unincorporated Association
 Sole Proprietorship

Other: _____

a) If the business is a Corporation, complete the following:

Place of Incorporation: _____ Date: _____

b) Since the last application, list new states or jurisdictions where domesticated or otherwise recognized to do business:

c) Since the last application, has this company changed its filing with the Oklahoma Secretary of State as a corporation or as an assumed business name (DBA) conducting business in Oklahoma?

- Yes No

If YES, attach a certified copy of the changed filing as Exhibit A.

d) Since the last application, has this company changed its Articles of Incorporation/Partnership Agreement/LLC?

Yes No

If YES, attach a certified copy of the changed document as Exhibit B.

2) Is Applicant a publicly traded corporation?

Yes No

If Yes, on what Exchange: _____

3) Since the last application, has there been any change as sole proprietor, principal stockholder (10% or greater) or principal owner of an unincorporated association (10% or greater)?

Yes No

If Yes, provide the following information AND a completed Personal Disclosure History form (Enclosed) as Exhibit C.

Full Name

City, State, Country of Residence

4) Since the last application, has there been any change in Officers and/or Directors of the corporation, member of an LLC, or partner in the partnership?

Yes No

If Yes, provide the following information AND a completed Personal Disclosure History form (Enclosed) as Exhibit D.

Full Name and Position Held

City, State, Country of Residence

5) For the time period since the last application, please answer the following questions for the testing laboratory and its parent corporation or any other intermediary affiliate, if any.

a) For each criminal proceeding in which Applicant, parent corporation or any other intermediary affiliate is a party, provide the following information:

Jurisdiction	Case Number	Violation(s) Charged	Disposition

For each case listed above, provide certified copies of the charge and disposition documents as Exhibit E.

b) For each civil law suit or administrative or regulatory action in which Applicant, parent corporation or any other intermediary affiliate is a party, provide the following information:

Jurisdiction	Case Number	Violation(s) Charged	Disposition

For each action listed above, provide copies of the complaint or petition and final judgment, orders, decrees or settlement documents as Exhibit F.

c) Since the last application, please provide evidence of good standing for each new jurisdiction in which Applicant, parent corporation or any other intermediary affiliate has been incorporated, domesticated or otherwise recognized to do business.

d) Provide a copy of Applicant's most recent federal tax return as **Exhibit G**.

6) Attach the following documents:

- a) Attach as **Exhibit H** the most recent audited financial statement reflecting the Applicant's current assets (including investments in affiliated entities), loans and advance receivable, fixed assets and current liabilities, including loans and advances payable and long-term debt and equity.
- b) Attach as **Exhibit I** balance sheets and profit and loss statements for the most recent year.
- c) Attach as **Exhibit J** the Applicant's most recent Annual Report.
- d) List as **Exhibit K** the following information for all of Applicant's bank account(s) and complete a Request for Financial Records and Release from Liability form (page 15) for each financial institution.
 - 1. Name and address of bank
 - 2. Name of account holder and account number
 - 3. Bank's telephone number
 - 4. Bank's e-mail address
- e) List as **Exhibit L** the following information for all of Applicant's loans and complete a Request for Financial Records and Release from Liability form (Page 15) for each lender.
 - 1. Name and address of lender
 - 2. Name of debtor and account/loan number
 - 3. Original loan amount and current outstanding balance
 - 4. Lender's telephone number
 - 5. Lender's e-mail address

7) Since the last application, has the Applicant, the Applicant's parent company or any other intermediary affiliate of applicant filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it?

Yes No

If Yes, provide jurisdiction and case number, and attach final Orders from each bankruptcy proceeding as Exhibit M.

Jurisdiction (State)	Case Number

8) Does the Applicant, the Applicant's parent company or any other intermediary affiliate of applicant now own or otherwise derive a benefit from, assets held outside the United States, whether held in the business name or other name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status?

Yes No

If Yes, provide details on a separate sheet as Exhibit N.

9) Does the Applicant, parent corporation or any other intermediary affiliate hold a financial interest in a gambling venture, including but not limited to, a race track, dog track, lottery, casino, bookmaking operation, pari-mutuel operation, gaming machine manufacturer or distributor?

Yes No

If Yes, list all businesses as Exhibit O.

Name of Business	Address	Dates of operation

10) Is the Applicant the subject of any settlement, order, judgment or decree of any federal or state authority barring, suspending, or otherwise limiting its right to engage in any professional or business practice or activity?

Yes No

If Yes, attach as Exhibit P a copy of the Order, Judgment, Decree or Settlement.

11) Is the Applicant the subject of any order, settlement, judgment or decree of any court of competent jurisdiction permanently or temporarily enjoining its right to engage in any professional or business practice or activity?

Yes No

If Yes, attach as Exhibit Q a copy of the Order, Judgment, Decree or Settlement.

12) Do you know of any economic interest held in your business by any person employed by the State of Oklahoma or who is an official of the State of Oklahoma?

Yes No

If Yes, provide name, address, phone number and position held.

13) Does the Applicant have any financial interest or ownership in any known Oklahoma gaming vendor or contractor?

Yes No

If Yes, provide name, address, phone number and explanation of ownership interest.

14) Does the Applicant have a joint venture or other contractual agreement with any entity to supply any private businesses, Indian Tribes, states or jurisdiction with gaming goods or services?

Yes No

If Yes, attach as Exhibit R all agreements.

II.

GENERAL OPERATION HISTORY

1) Since the last application, please provide the following information:

a) Address of main office and testing facility and number of square feet used for testing:

_____ Address _____ Square Feet

b) Addresses of all satellite offices, if any, and number of square footage:

_____ Address _____ Square Feet

_____ Address _____ Square Feet

_____ Address _____ Square Feet

c) Number of full-time employees: _____

d) Number of machines tested: _____

III. HISTORY OF LICENSING AND TESTING

- 1) Since the last application, list below information on new states, countries and/or certifying entities that have issued you a license or certificate to do business as a testing laboratory. Provide as Exhibit S a copy of each license or certification received.

Name & Address of Entity	Phone Number	E-mail Address

- 2) Since the last application, list below information on new entities for which the lab has performed tests of gaming machines, equipment or components as Exhibit T.

Name & Address of Entity	Phone Number	E-mail Address

3) **Since the last application, do you have any new in-house staff/personnel in the following categories:**

- a. Mechanical, electrical and software engineering staff
- b. Compliance engineering staff
- c. Accounting system and communication protocol engineering specialists
- d. High-level engineering staff for new and current technology
- e. Quality assurance staff
- f. Mathematicians

Yes No

If Yes, please provide a complete list in Appendix I of new in-house staff/personnel of the following information:

- 1. Full Name
- 2. Address and phone number
- 3. Position held
- 4. Length of employment
- 5. Previous employment and term
- 6. Name and address of previous employer(s) for past three years
- 7. Attach resume or curriculum vita which includes a full educational history

4) **Since the last application, have you changed your procedure to provide 24 hour 7 day a week support to the Commission including in-house personnel coverage?**

Yes No

If Yes, please explain the change in procedure in Appendix II.

Include in your appendix all new or updated documents and materials that you wish to present demonstrating your ability to provide the needed service.

5) **Since the last application, have you changed your procedure to provide on-site testing?**

Yes No

If Yes, please explain the change in procedure in Appendix III.

Include in your appendix all new or updated documents and materials that you wish to present demonstrating your ability to provide the needed service.

6) **Since the last application, have you changed your procedure to provide quality assurance?**

Yes No

If Yes, please explain the change in procedure in Appendix IV.

Include in your appendix all new or updated documents and materials that you wish to present demonstrating your ability to provide the needed service.

7) **Since the last application, have you changed your detailed in-house security and surveillance plan?**

Yes No

If Yes, please explain the change in procedure in Appendix V.

8) **Since the last application, have you changed your practice to do due diligence on your employees?**

Yes No

If Yes, explain the change(s) in your process of due diligence of your employees in Appendix VI.

9) **Since the last application, have you changed your procedure to ensure that the Applicant will possess multiple units of the approved signature devices; to provide signatures of the approved software with each certification to assist in the conduct of field audits and provide the specifications on various software verification methods?**

Yes No

If Yes, please explain the change in procedure in Appendix VII.

Include in your appendix all new or updated documents and materials that you wish to present demonstrating your ability to provide the needed service.

10) **Since the last application, have you changed the test equipment now owned or leased by Applicant?**

Yes No

If Yes, please explain the change in test equipment in Appendix VIII.

11) Since the last application, have you changed the testing techniques to be used to perform detailed protocol tests on the device side and on the system side?

Yes No

If Yes, please explain the change in testing techniques in Appendix IX.

Include in your appendix all new or updated documents and materials that you wish to present demonstrating your ability to provide the needed service.

12) Since the last application, have you changed how you will test all external and internal functions including examinations of memory and communication protocol with all devices?

Yes No

If Yes, please explain the change in testing these functions in Appendix X.

Include in your appendix all new or updated documents and materials that you wish to present demonstrating your ability to provide the needed service.

13) Provide a current organizational chart of your entire company as Appendix XI.

IV.

APPLICANT CERTIFICATION

Applicant certifies that it is neither owned nor controlled by an organization licensee, an Indian tribe, a state, or any manufacturer, supplier or operator of gaming machines or devices.

Applicant's Business Name

Trade Name (DBA)

Printed Full Legal Name of Agent

Agent's Title

Signature

Date

STATE OF _____)

) SS:

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission Expires:_____.

V.

AFFIRMATION & CONSENT

I, _____, as authorized agent of the Applicant,
Printed Name

state under penalty of perjury that the statements, attachments and supporting documents in this Independent Testing Laboratory Application are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a license by the State of Oklahoma. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a license or the revocation of the license. I am voluntarily submitting this application on behalf of the Applicant to the Oklahoma Horse Racing Commission under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Oklahoma law. I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent not only applies during the application period but also continues as long as the Applicant holds an Oklahoma license. I understand that further information may be requested of the Applicant in regard to this application, and the Applicant agrees to supply such information upon request.

Applicant's Business Name

Trade Name (DBA)

Printed Full Legal Name of Agent

Agent's Title

Signature

Date

STATE OF _____)

)

COUNTY OF _____)

) SS:

)

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Notary Public

My Commission Number: _____

My Commission Expires: _____, 20____

OKLAHOMA HORSE RACING COMMISSION
2800 N. LINCOLN BLVD, SUITE 200
OKLAHOMA CITY, OK 73105
(405) 522-8167

REQUEST FOR FINANCIAL RECORDS AND RELEASE FROM LIABILITY

Name of Financial Institution

Address

City, State, Zip

Account Number: _____

Loan Number: _____

Account Number: _____

Loan Number: _____

Account Number: _____

Loan Number: _____

Account Number: _____

Loan Number: _____

Account Number: _____

Loan Number: _____

_____, does hereby request and
Applicant's Business Name

direct that you disclose to the Director of Law Enforcement for the Oklahoma Horse Racing Commission our financial records, specifically: copies of Signature Cards, previous six (6) months of Account Statements for checking and/or savings, current status, terms of any outstanding loans, copy of the Note, and complete payment history for each loan.

Printed Name of Requesting Party do hereby release, absolve and forever hold

harmless your financial institution together with its Agents and employees from any and all causes of action accrued to me as a result of said disclosure of financial records.

Signature of Requesting Party

Title

STATE OF _____)

) SS:

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission Number: _____

My Commission Expires: _____, 20_____