

**HORSE RACING**  
**OCCUPATION LICENSE APPLICATION**

**Make payable to:** Oklahoma Horse Racing Commission  
 One Remington Place – Bldg B, Oklahoma City, OK 73111  
 (405) 419-4441 or (405) 943-6472 www.ohrc.ok.gov

| ▼ LICENSE FEES ▼   | ▼ CHOOSE THE CATEGORY BELOW YOU ARE APPLYING FOR ▼ |                   |                       |                     |                       |  |            |                  |        |
|--|--|-------------------|-----------------------|---------------------|-----------------------|--|------------|------------------|--------|
| \$50 annual -or- \$120 triennial, plus \$41 fee & 2 fingerprint cards, if applicable ▶ | Owner  | Owner / Trainer   | Trainer               | Jockey              | Blacksmith            | Veterinarian                                   |            |                  |        |
| \$50 annual, plus \$41 fee & 2 fingerprint cards, if applicable ▶                      | Appr. Jockey                                       | Asst. Trainer     | Owner / Asst. Trainer | Jockey Agent        | Auth. Agent           | Racing Official                                | Track Mgmt | Bloodstock Agent | Vendor |
| \$25 annual, plus \$41 fee & 2 fingerprint cards, if applicable ▶                      | Groom/ Hotwalker                                   | Exercise Rider    | Pony Rider            | Horse Industry Rep. | Asst. Racing Official | Valet  | Outrider   | Admin.           |        |
|  | Mutuels  | Conc. / Food Svc. | Security              | Vet. Assistant      | Vendor Employee       | <b>RP WRD FMT General Svc:</b> (Specify Dept.) |            |                  |        |

BSA

**1. Applicant**

|   |       |                                     |        |  |            |               |     |
|---|-------|-------------------------------------|--------|--|------------|---------------|-----|
| <b>FULL LEGAL NAME</b>  |       |                                     |        | <b>Nickname, alias or other name used</b>  |            |               |     |
| Last  | First | Middle                              | Maiden | <b>Social Security Number</b>  |            |               |     |
| Mailing Address (Where you receive mail)  |       |                                     |        | Drivers License Number & Issuing State   |            |               |     |
| City  |       | State                               | Zip    | Country / Nation   |            |               |     |
| Physical Address (where you live NO PO BOXES OR MAIL CENTER)  |       |                                     |        |  |            |               |     |
| City  |       | State                               | Zip    | Country / Nation   |            |               |     |
| Sex   | Race  | Height                              | Weight | Eyes   | Hair Color | Date of Birth | Age |
| Home-Area Code & Phone Number   |       | Cell Phone Area Code & Phone Number |        | Email Address  |            |               |     |
| Profession or Occupation other than horse racing  |       |                                     |        | Would you like to receive email notifications from the commission?<br>Yes _____ No _____ |            |               |     |
| <b>Vehicle Info REQUIRED</b>  | Year  | Make                                | Model  | Tag  |            |               |     |
|   | Color | State Registered                    |        | Trailer Tag  |            |               |     |
| Are you presently practicing veterinary medicine in Oklahoma?<br>YES _____ NO _____ Vet License # _____ Expires _____ |       |                                     |        |  |            |               |     |

**2. UNDER 18 YEARS OF AGE (if applicable)**

- Applicants under the age of 18 for Owner require the parent / legal guardian to be OHRC-licensed concurrently as an Authorized Agent.
- Applicants under the age of 18 for other license types require signature of parent or legal guardian below.
- **By signing, I give permission for licensure of this minor and assume full responsibility, including financial responsibility, for such licensure.**

Signature of parent / legal guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3. COURT RECORD (Attach additional sheet if necessary)**

|        |  |
|--------|--|
| YES NO | Have you ever been convicted of any felony crime, or of any misdemeanor violation of the Controlled Dangerous Substance Act (Drug Laws), or of any law regarding gambling? All convictions must be listed, include: date, county, state, offense and sentence. Attach copy of the court record, including Judgment and Sentence documents. |
| YES NO | Are you currently on any type of probation, parole, supervised release or suspended sentence? Attach copy of the court record, including Judgment and Sentence documents.  |

| 4. PRIOR LICENSURE                              |  | OFFICE USE ONLY   |
|---|--|---|
| YES NO  | Have you ever held a horse racing / gaming facility license in any racing jurisdiction, including Oklahoma? List: state/country, year and license type.  | New -or- Renewal Yr _____   |
| YES NO  | Have you ever been ineligible for a horse racing / gaming facility license, suspended for more than seven (7) days, had your license revoked, been fined over \$100, ruled off, excluded/ejected, or discharged, from any racing jurisdiction, including Oklahoma? List: date, state/country, violation, suspension, and fine. Attach additional sheet if necessary. | Effective _____<br>Expires <b>12-31-</b> _____<br>Track _____ Clerk _____ |
| <b>5. SPOUSE (must be completed if married)</b> |  | FP: _____   |
| Legal Name:                                     | LAST, FIRST MIDDLE MAIDEN Spouse's Social Security Number (If known)   | Lic Rec # _____   |
| YES NO  | Has your spouse ever held a horse racing / gaming facility license in any racing jurisdiction, including Oklahoma? List: state, country, year and license type.  | CC Rec # _____  |
| YES NO  | Has your spouse's racing / gaming facility license ever been suspended, denied, or revoked in any racing jurisdiction, including Oklahoma? List: date, state/country, violation, suspension, and fine.   | Stew/Agent _____<br>Ruling: YES -or- NO                                   |

**6. EMPLOYEES (Your employer must sign)**

Print Employers name: \_\_\_\_\_

Print Company Name (if applicable): \_\_\_\_\_

**EMPLOYER SIGNATURE:** \_\_\_\_\_

I am the employer of this license applicant and evidence of Workers' Compensation Insurance or other self-insurance coverage is attached hereto which provides evidence of security for such employee OR I have previously filed such evidence with the OHRC providing coverage for the employee and I have submitted this employee's name to the OHRC OR I have signed the OHRC Waiver of Responsibility Statement certifying that the employee does not subject me to liability under the Workers' Compensation Laws of Oklahoma.

**7. ALL VENDOR or CIVIC ORGANIZATION APPLICANTS**

I am the responsible licensee for \_\_\_\_\_ and affirm that all applicable city, county, state and federal requirements, including but not limited to licenses and permits for conducting business by me and the above-named company, have been obtained and the applicable license(s) to market all products and/or services offered by us.

**8. JOCKEY AGENT or AUTHORIZED AGENT APPLICANTS (Attach additional sheet if necessary)**

| Name of Client | Client's type of license | Representation Beginning Date | Representation Ending Date |
|----------------|--------------------------|-------------------------------|----------------------------|
|                |                          |                               | 12-31-                     |
|                |                          |                               | 12-31-                     |
|                |                          |                               | 12-31-                     |

**9. WORKERS' COMPENSATION ACT COMPLIANCE / RESPONSIBILITY STATEMENT -- ALL APPLICANTS MUST ANSWER**

**▶ YES NO** Do you employ or plan to employ any person(s) within the racetrack enclosure at any OHRC-Licensed racetrack? This includes all Temporary, Contract, and Full Time or Salary employees.

If "YES", provide the following details and attach a copy of the Certificate(s) of Insurance to this application. Insurance Company: \_\_\_\_\_  
 Agent: \_\_\_\_\_, Agent's area code and phone: \_\_\_\_\_, Policy number: \_\_\_\_\_  
 Expires: \_\_\_\_\_, List all employees and their occupations at OHRC-licensed racetracks covered by the insurance above (attach additional sheet if necessary): \_\_\_\_\_

**▶** \_\_\_\_\_ **◀ ALL APPLICANTS MUST READ & SIGN**  
 Applicant's Signature

**10. OWNER, TRAINER, OWNER / TRAINER and OWNER / ASST. TRAINER APPLICANTS (Attach additional sheet if necessary)**

| Horse's Name | Breed | Circle One | Trainer's Full Name | Ownership Name on Certificate of Registration | Leased? |
|--------------|-------|------------|---------------------|---|---------|
|              |       | Own Train  |                     |   | Yes No  |
|              |       | Own Train  |                     |   | Yes No  |
|              |       | Own Train  |                     |   | Yes No  |

**11. COMPLIANCE STATEMENT ALL APPLICANTS MUST SIGN**

By acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission (OHRC); the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and agree to permit personnel of the OHRC to search my vehicle(s), any premise which I may occupy or control or have the right to occupy or control and my personal property and effects including a personal search while within the enclosure of the racetrack and/or gaming facility, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission Rules. I further agree to permit personnel of the OHRC to remove from the above listed areas any item(s) they deem relevant to their investigation. It is understood that I will receive a receipt from OHRC for any and all items thus removed. I further understand that any items so removed by the OHRC may be used in a court of law or Board of Stewards Hearing during a criminal prosecution or an administrative proceeding. I am giving this written permission to the OHRC freely and voluntarily.

I hereby request and authorize the OHRC to conduct an official investigation of my personal history and background. I understand that any investigation, the application and any information submitted with relation to my application, are subject to the Open Records Act of Oklahoma and shall be treated in accordance as such. I understand that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access, nor reasonable expectation that this information will be kept from public access. I understand that my fingerprints will be taken and submitted to the Federal Bureau of Investigation (FBI) and the Oklahoma State Bureau of Investigation (OSBI) for a Criminal Records Report. I understand that I have the right to challenge inaccurate information on said Report and have it corrected. I understand that if I believe the Criminal Records Report contains inaccurate information I should contact the agency or entity that provided the information, or I can challenge the information with the FBI. I understand that I can obtain information on how to challenge inaccuracies at [www.fbi.gov](http://www.fbi.gov).

I understand the FBI will retain my fingerprints and associated information/biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.

I hereby certify that the information and statements I have provided herein are true and correct. I further certify that I understand all of the statements above and further authorize all consumer reporting agencies to release to the OHRC any information requested by them in connection with the background investigation and processing of this application. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial, suspension, revocation or cancellation of this license and/or other disciplinary action by the Board of Stewards and/or the Commission. I have read and understand the foregoing statements and conditions and knowingly and voluntarily attach my signature hereunto.

**▶** \_\_\_\_\_ **◀ ALL APPLICANTS MUST READ & SIGN**  
 Applicant's Signature  
 (or Authorized Agent if Applicant is under age 16 years)

**12. AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES ALL APPLICANTS OVER AGE 13 YEARS MUST COMPLETE**

**Instructions for required verification of United States citizenship OR qualified alien status in the United States:** All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Horse Racing Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the statements below.

**Being of lawful age, first duly sworn and upon oath, I state under penalty of perjury:**

- I am a United States Citizen.
- I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. Provide a copy of your Passport / Visa / Alien Registration document and write the number & expiration date: \_\_\_\_\_
- I am not a United States Citizen **AND** I will not be physically present in the United States during the time of my licensure.

**▶** \_\_\_\_\_ **NOTARY PUBLIC**  
 Applicant's Signature  
 (or Authorized Agent if Applicant is under age 16 years)

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 My Commission expires: \_\_\_\_\_

(NOTARY SEAL)