

Date _____
 Fee _____
 Receipt # _____
 Cash -or- Check # _____
 Expires _____
 Track _____ Clerk _____

AUTHORIZED AGENT AGREEMENT FORM

FOR OFFICE USE ONLY

Oklahoma Horse Racing Commission
 One Remington Place – BUILDING B
 Oklahoma City, Oklahoma 73111
 (405) 419-4441 www.ohrc.org

STEWARD APPROVAL:
 Date _____
 By _____

This form must be filed for EACH agreement entered into by and between the herein named Authorized Agent and the Owner and/or Trainer for whom representation will be provided and accompanied by the required fee.

I have this day appointed _____ of _____
(Authorized Agents Legal Name) (SSN)

(Street Address or Box #) (City) (State) (Zip)

To act for me pertaining to the racing of my horse(s) or the horse(s) I train, in accordance with the Rules and Regulations of the Oklahoma Horse Racing Commission. I assume full responsibility for the acts of the above named Authorized Agent in connection with the authority specified below. This appointment may be cancelled by either party upon written notice filed with the Oklahoma Horse Racing Commission and presentation of the above named Authorized Agent's license to the Commission.

CHECK ALL APPROPRIATE BOXES:

- Authority to draw monies Limitations: _____
- Authority to claim Limitations: _____
- Authority to enter Limitations: _____
- Other business Describe: _____

Provide the following information on **ALL** horse(s) for whom the above named Authorized Agent will have authority in which to represent you. (Attach additional sheet if necessary.)

HORSE NAME	AGE	BREED	TRAINERS FULL NAME

Print name of Owner(s) or Trainer, whichever is applicable, and Social Security number:

Name _____ Social Security number _____
 Being first duly sworn, say(s) that he/she is the owner of the above-named horse(s) and the statements and answers made in the foregoing application are true.

Signature of Owner or Trainer, whichever is applicable

Signature of Authorized Agent

Signed or attested before me this _____ day
 of _____, 20_____.

Signed or attested before me this _____ day
 of _____, 20_____.

(Seal)

(Seal)

NOTARY PUBLIC _____
 My Commission Expires: _____

NOTARY PUBLIC _____
 My Commission Expires: _____