

FOR OFFICE USE ONLY

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# AUTHORIZED AGENT AGREEMENT FORM

Date \_\_\_\_\_

Expires **12-31-**\_\_\_\_\_

Track \_\_\_\_\_ Clerk \_\_\_\_\_

**Oklahoma Horse Racing Commission**

One Remington Place – BUILDING B  
Oklahoma City, Oklahoma 73111  
(405) 419-4441 www.ohrc.ok.gov

STEWARDS 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.***

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.

**1. CHECK ALL APPROPRIATE BOXES:**

- ☐ Authority to draw monies Limitations: \_\_\_\_\_
- ☐ Authority to claim Limitations: \_\_\_\_\_
- ☐ Authority to enter Limitations: \_\_\_\_\_
- ☐ Other business Specify: \_\_\_\_\_

**2. 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 NAME

**3. 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***

Signed or attested before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

***Signature of Authorized Agent***

Signed or attested before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires: \_\_\_\_\_