



Multi-Jurisdiction Racing License Owner's Application

OFFICE USE ONLY		New or Renewal	
Date	____/____/____	License #	_____
F.P. <small>(status)</small>	Total Fees _____	Receipt/ Tran ID #	_____
Cash	Check # _____	M.O. #	_____
Clerk _____	Approved by: _____		

Welcome to the RCI Multi-Jurisdiction Licensing Program!

As a racehorse or greyhound owner who may wish to participate in several different racing jurisdictions, you are eligible to apply for multi-jurisdiction license privileges through the RCI Multi-Jurisdiction Licensing Program. **This form is only for those owners who will not be applying for any other type of license (i.e., trainer, driver, etc.)** If you will be applying for another type of license, please contact those jurisdictions for an application. Some racing commissions may require additional information from you. If so, you will be contacted by that commission and requested to submit addendums to this form.

Please refer to the last page of this form for instructions, list of participating jurisdictions and fee schedule.

Check Breed(s) Thoroughbred Standardbred Quarter Horse Greyhound Other _____

- Applicant Name _____
Last First Middle Maiden
- Have you ever used an assumed name or been known by another name or been licensed under an assumed or different name? If yes, give name(s) Yes No
- Marital status? Married _____ Single _____ Divorced _____ Widowed _____
If married, full name of spouse, including maiden name: _____
- Last licensed in: _____
Year Type of License Name of State
- List latest dates fingerprinted and what states printed you: _____
Month & Year(s) Printed In what State(s)
- Telephone numbers: () _____ () _____ () _____
Home # Business # Fax #
- Person to be notified in case of emergency: _____ Telephone: () _____

8. Social Security No.*	Sex	Height	Weight	Color Hair	Color Eyes	Date of Birth	Age
<small>Social Insurance No. (Canadians)</small>						____/____/____	

* Providing Social Security Number may be voluntary and will be used as a secondary identifier; however, some jurisdictions do mandate you provide it. *Mo Day Year*

9. Are you a U.S. Citizen? Yes No If no, what country are you a citizen of? _____
Place of Birth _____ Immigration I.D. number (if applicable) A- _____
City/State

10. USTA/SC Membership Number _____ (if applicable) USTA/SC Membership Exp. Date: _____

11. Permanent mailing address: _____
(at which service all papers may be made upon you) Street

City State/Province Postal Zip/Country

12. Local address: _____
Street

City State/Province Postal Zip/Country

13. Give the following information relative to your current employer. If self-employed, so indicate:

Employment Dates _____

Name of Employer _____

Address (Street, City, State, Zip) _____

14. List your occupation here: _____ If self-employed, list type of business: _____

Questions 15 - 18 MUST be answered "yes" or "no". Give details in space provided.

15.

a. Has your license (or your spouse's license) ever been denied, suspended or revoked or is a complaint pending in any racing jurisdiction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever been fined \$100 or more or discharged, expelled or ejected from any race track by any racing official, or commission?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever had any <i>permit</i> or license denied, suspended or revoked by any federal, state or local government agency?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	State	Track	Specific Violation(s)

16.

a. Have you (or your spouse) ever (a) pleaded guilty , pleaded nolo contendere, been found guilty or been convicted or (b) forfeited bail or been fined for any criminal offense, either felony or misdemeanor including driving under the influence of alcohol and/or drugs?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Are there now any indictments or complaints pending against you (or your spouse) for any public offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Are you (or your spouse) currently on parole or probation ? If yes, probation ends: _____ (please indicate month, day and year)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence

17. Are there any outstanding court-imposed civil judgements against you? If so, attach an explanation. Yes No

18 a. Are you under an obligation to pay child support in any jurisdiction? Yes No

b. If yes, are you four (4) months or more in arrears?..... Yes No

19. If you will be appointing an **Authorized Agent**, please list agent's name here: _____

20. Number of horses or greyhounds in training? _____

21. Statement of Ownership (including questions 22 & 23)

List **only** horses or greyhounds **that you plan to race this year** owned wholly or in part by you or leased to you. If leased, or in partnership, so designate.

Horse/Greyhound Name	Age	Trainer's Full Name	Ownership Name on Registration Papers	% Owned	Breed (T/S/O/G)

If additional space is needed in relation to any of the questions above, please use a separate sheet of paper and submit it with this form.

22. If you listed a **Stable Name**, or a **Corporation Name** or any other legal entity as owner of a horse or greyhound under Statement of Ownership (see Question 21), please tell us about the **individual persons** under that name holding any interest in those horses or greyhounds. Please check with each state you plan on racing in to determine if they require a separate **Stable Name** registration form be filed, in addition to this application.

Name	Address (street, city, state & zip)	Name of Horse or Greyhound	% Owned

23. Is your horse leased? * Yes No

* A copy of the lease agreement(s) must be attached and submitted with this application. *Note: Virginia & Michigan require all leases be notarized.*

Name of Lessor (owner)

Name of Lessee

24. Are you obligated to have worker's compensation insurance covering employees in connection with racing? If yes, indicate the following:

Company Name*

Policy Number

Expiration Date

Name of Policyholder

* (A copy of your worker's compensation certificate of insurance must be attached and submitted with this application.)

25. Are you a New York State public employee, elected public official, political party officer, or police officer?
 Yes No **IF YES**, contact the NYS Racing Board or www.racing.state.ny.us for Form PE-1.

In making this application for a license to participate in racing, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

By submitting this application, I, the undersigned, do hereby (1) agree to abide by the rules and regulations of the pari-mutuel regulatory agency, the laws of the United States of America, Canada, state/provincial government, municipalities and other subdivisions thereof; and (2) agree to abide by any provisions regarding search and seizure which may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any right I have to object to the search, within the grounds of a racetrack or racing association, of any premises or vehicle which I may occupy or control or have the right to occupy or control and of my person, property and effects and the seizure of any article the having of which may be forbidden.

I understand that participation in racing is a privilege, not a right, that any license issued pursuant to this form is subject to conditions precedent as set out in the Rules of Racing, and that my failure to comply therewith shall be grounds for immediate voidance or revocation of such license. By acceptance of said license, I agree to abide by the Rules of Racing and rulings or decisions of the Stewards with the knowledge that rulings or decisions of the Stewards shall remain in force until reversed or modified only by the authorized regulatory agency.

I hereby certify that, under the penalty of perjury, I have read the foregoing form and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be removed at any time for misstatements or omissions in the foregoing form. I also agree to abide by and obey the rules and regulations and conditions of the authorized regulatory agency in the jurisdictions in which I am granted a license.

I expressly agree to be subject to the subpoena powers of the authorized regulatory agency or a written request issued in lieu of a subpoena and to provide the agency with any and all such information or documents which it may so request. This agreement shall extend to anything which relates to any matter which is the subject of an agency hearing or investigation.

Illinois Applicants: The Illinois Racing Board may refuse to issue or may suspend the occupation license of any person who fails to file a return, or to pay the tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue until such time as the requirements of any such tax Act are satisfied.

New York Applicants: The authority to request personal information from you, including numbers such as Federal social security and Federal employer identification numbers, and the authority to maintain such information is found in Section 5 of the New York Tax Law. Disclosure of this information by you is mandatory. The principal purpose for which the information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or who may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for identification and licensing purposes and for any other purpose authorized by the New York State Racing and Wagering Board which may include use in a multi-state licensing database. An investigative consumer report may be requested in connection with this application. Your signature authorizes the Racing and Wagering Board to obtain such a report. You may ask in writing whether or not a report was requested and the name and address of the consumer reporting agency used.

Please be sure to make copies of this form before signing!

Signature of Applicant

Date

E-mail Address: _____
(Optional)

Notary Public
Only necessary for a Florida license.

Subscribed and sworn to before me this _____
day of _____, _____ State of: _____
County of: _____

Notary Public _____

Expiration Date _____

If additional space is required for any of the above questions, please use a separate sheet of paper and submit it with this form.

Jurisdictions and Fee Schedule

(Code for Fees: O=Owner H=Harness TB=Thoroughbred Q=Quarter Horse GH=Greyhound)

<p>Arkansas State Racing Commission - Greyhounds Greyhound Division P.O. Box 2088 West Memphis, AR 72303-2088 Ph: 501-682-1467; Fax: 870-732-5926 O @ \$30 payable to ASRC No prints required</p>	<p>Indiana Horse Racing Commission At Indiana Downs 4425 N 200 West Shelbyville, IN 46176 Ph: 317-713-3350; Fax: 317-713-3355 O @ \$35 payable to IHRC Prints \$36 payable to IHRC</p>	<p>Michigan Department of Agriculture Office of Racing Commissioner P.O. Box 30773 Lansing, MI 48909 Ph: 517-335-1420; Fax: 517-241-3018 O @ \$25 payable to State of Michigan Prints @ \$36 payable to State of Michigan</p>	<p>Ontario Racing Commission 10 Carlson Court, Suite 400 Toronto, Ontario M9W 6L2 Canada Ph: 416-213-0520; Fax: 416-213-7827 NEW: O @ \$128 RENEW: O @ \$105 No Prints Required</p>
<p>Arkansas State Racing Commission - Thoroughbreds Thoroughbred Division P.O. Box 699 Hot Springs, AR 71901 Ph: 501-682-1467; Fax: 501-623-9443 O @ \$30 payable to ASRC No prints required</p>	<p>Iowa Racing and Gaming Commission One Prairie Meadows Dr. Altoona, IA 50009-0901 Ph: 515-967-1260; Fax: 515-967-1290 O @ \$10 payable to IRGC (2 YR LIC) Prints \$36 payable to RCI or \$46.25 payable to IRGC</p>	<p>Mobile County Racing Commission P.O. Box 1886 Mobile, AL 36633 Ph: 251-653-4820; Fax: 251-653-4850 O @ \$25 payable to MCRC No Prints Required</p>	<p>Pennsylvania HARNESS Racing Commission P.O. Box 427 Meadow Lands, PA 15347 Ph: 724-223-4585; Fax: 724-223-4305 O @ \$60 (Only offer 3 YR LICENSE) Prints \$40 on PA fingerprint cards every 3 yrs.</p>
<p>California Horse Racing Board 1010 Hurley Way, Suite 300 Sacramento, CA 95825 Ph: 916-263-6000; Fax: 916-263-6042 O @ \$150 payable to CHRB (Only offer 3 YR LICENSE) Only State Prints Required</p>	<p>Jamaica Racing Commission P.O. Box 309 Kingston 10, Jamaica Ph: 876-926-2727; Fax: 876-926-2207 O @ \$3,000 Jamaican dollars payable to JRC. Require 2 passport size photos No Prints Required</p>	<p>Nebraska State Racing Commission P.O. Box 95014 Lincoln, NE 68509 Ph: 402-471-4155; Fax: 402-471-2339 O @ \$30 payable to NSRC Prints \$38 payable to NSRC</p>	<p>Puerto Rico Racing Sport Administration Administración del Deporte Hípico Apartado P.O. Box 29156 65th Infantería Station Rio Piedras, PR 00929-0156 Ph: 787-768-2005; Fax: 787-762-1105 NEW: O @ \$150 RENEW: O @ \$100; \$400 4 YR payable to PRRSA. No Prints Required.</p>
<p>Colorado Division of Racing Events 1881 Pierce Street, Suite 108 Lakewood, CO 80214-1494 Ph: 303-205-2990; Fax: 303-205-2950 NEW: O @ \$75 (incl. State and FBI prints) (\$85 if state & RCI prints—RCI prints payable to RCI) RENEW: O @ \$25. Pay all to CDRE, except RCI prints.</p>	<p>Kentucky Horse Racing Commission 4063 Iron Works Parkway Lexington, KY 40511-8434 Ph: 859-246-2040 TB O @ \$150 and HAR O @ \$125 payable to KHRC No Prints Required</p>	<p>New Hampshire Racing & Charitable Gaming Commission 57 Regional Dr., Unit #3 Concord, NH 03301-8518 Ph: 603-271-2158; Fax: 603-271-3381 H- O @ \$40; GH- O @ \$40; w/colors @ \$25 All payable to NHRCGC. Criminal Records Check Required @ \$25 to NHSP</p>	<p>Texas Racing Commission 8505 Cross Park Drive, Suite 110 Austin, TX 78754-4594 Ph: 512-833-6699; Fax: 512-833-6907 O @ \$100 (1 YR LIC); \$200 (2 YR LIC); \$300 (3 YR LIC) payable to TXRC. Prints \$36 payable to RCI.</p>
<p>Delaware HARNESS Racing Commission 2320 South Dupont Highway Dover, DE 19901 Ph: 302-342-3008; Fax: 302-697-4748 O @ \$50 (1 YR LIC); O @ \$150 (3 YR LIC) Prints \$54 if processed through DHRC payable to DHRC: \$36 if sent payable to RCI.</p>	<p>Louisiana State Racing Commission 320 North Carrollton Ave. Suite 2-B New Orleans, LA 70119 Ph: 504-483-4000; Fax: 504-483-4898 O @ \$25 (1 YR LIC); O @ \$75 (3 YR LIC); Colors fee: 1 YR @ \$25; 3 YR @ \$75. All payable to LSRC. No Prints Required</p>	<p>New Jersey Racing Commission P.O. Box 088 Trenton, NJ 08625 Ph: 609-292-0613; Fax: 609-599-1785 O @ \$50 (1 YR LIC); \$150 (3 YR LIC) payable to NJRC. One time NJ State prints \$40 and RCI prints \$36 payable to RCI.</p>	<p>Virginia Racing Commission 10700 Horseman's Road New Kent, VA 23124 Ph: 804-966-7412; Fax: 804-966-7422 O @ \$50 payable to VRC Prints \$37 on VA print card payable to VRC.</p>
<p>Delaware Thoroughbred Racing Commission 777 Delaware Park Blvd. Wilmington, DE 19804 Ph: 302-994-2521 #7258; Fax: 302-993-8949 O @ \$50 (1 YR LIC); O @ \$150 (3 YR LIC) Prints \$69 if processed through DTRC payable to DTRC: \$36 if sent payable to RCI.</p>	<p>Maine Harness Racing Commission 28 State House Station, Derrig Building Augusta, ME 04333-0028 Ph: 207-287-3221; Fax: 207-287-7548 O @ \$35 payable to MHRC No Prints Required</p>	<p>New Mexico Racing Commission 4900 Alameda Boulevard NE Albuquerque, NM 87113-1736 Ph: 505-841-6400; Fax: 505-841-6413 O @ \$100 (1 YR LIC) O @ \$120 (3 YR LIC) payable to NMRC. Prints \$36 payable to RCI.</p>	<p>Washington Horse Racing Commission 6326 Martin Way, Suite 209 Olympia, WA 98516 Ph: 360-459-6462; Fax: 360-459-6461 O @ \$228 payable to WHRC (includes \$150 payment for Worker's Com, \$66 lic fee, \$10 State of WA fingerprint fee- (required every 3 years))</p>
<p>*Florida Division of Pari-Mutual Wagering 1940 North Monroe Street Tallahassee, FL 32399-1037 Ph: 850-488-9130; Fax: 850-488-0550 O @ \$40 (1 YR LIC); \$120 (3 YR LIC) pay to DBPR/ PMW. If Florida prints used, print fee is \$47 payable to DBPR/PMW. If RCI prints used, print fee \$36 payable to RCI</p>	<p>Maryland Racing Commission 300 E. Towsontowne Boulevard Towson, MD 21286 Ph: 410-853-1674; Fax: 410-853-1668 NEW: O @ \$50; RENEW: O @ \$25 Call for other charges; State Prints Only - Payable to CJIS</p>	<p>New York State Racing and Wagering Board 1 Broadway Center, Suite 600 Schenectady, NY 12305-2553 Ph: 518-395-5400; Fax: 518-347-1439 NEW: O @ \$210.50 - includes print fees. RENEW: O @ \$50/year up to 3 consec. years 2 self photos. All payable to NYSRWB.</p>	<p>West Virginia Racing Commission 106 Dee Drive Charleston, WV 25311 Ph: 304-558-2150; Fax: 304-558-6319 O @ \$15 payable to WVRC Prints \$36 payable to WVRC. Send apps to Track.</p>
<p>Illinois Racing Board 100 West Randolph Street, Suite 7-701 Chicago, IL 60601 Ph: 312-814-2600; Fax: 312-814-5062 O @ \$25 payable to IRB; Prints \$45 Illinois State/FBI fingerprint card required.</p>	<p>Massachusetts State Racing Commission 1 Ashburton Place, Room 1313 Boston, MA 02108 Ph: 617-727-2581; Fax: 617-227-6062 TB & H O @ \$30 payable to MSRC No Prints Required</p>	<p>Ohio State Racing Commission 77 South High Street, 18th Floor Columbus, OH 43215-6108 Ph: 614-466-2757; Fax: 614-466-1900 O @ \$50 payable to OSRC Prints \$36 payable to OSRC</p>	

* Use as a Florida Application Requires the Applicant's signature to be Notarized.