

OCCUPATION LICENSE APPLICATION

Make payable to: Oklahoma Horse Racing Commission
 2401 NW 23 Street, Suite 78, Oklahoma City, OK 73107
 (405) 943-6472 www.ohrc.org

▼ LICENSE FEES ▼		▼ CHOOSE THE CATEGORY BELOW YOU ARE APPLYING FOR ▼								
Horse Racing	\$50 annual -or- \$120 triennial, plus \$41 fingerprint processing fee, if appl ▶	Owner	Owner / Trainer	Trainer	Jockey	Blacksmith	Veterinarian			
	\$50 annual, plus \$41 fingerprint processing fee, if appl ▶	Appr. Jockey	Asst. Trainer	Owner / Asst. Trainer	Jockey Agent	Auth. Agent	Racing Official	Track Mgmt	Bloodstock Agent	Vendor
	\$25 annual, plus \$41 fingerprint processing fee, if appl ▶	Groom/ Hotwalker	Exercise Rider	Pony Rider	Horse Industry Rep.	Asst. Racing Official	Valet	Outrider Admin.		
		Mutuels	Conc. / Food Svc.	Security	Vet. Assistant	Vendor Employee	General Svc: (Must Specify Dept.) ↳			
Gaming Combo	\$150 annual, plus \$41 fingerprint processing fee, if appl ▶	Vendor	Manufacturer	Distributor	Manufacturer / Distributor				Key Executive ▼ \$300 annual, plus FP proc fee, if applicable	
	\$125 annual, plus \$41 fingerprint processing fee, if appl ▶	Vendor Employee	Manufacturer Employee	Distributor Employee	Manufacturer/ Distributor Employee					
Facility Employee: (Must specify dept such as: security, mutuel, food svc, etc) →										

BSA

1. APPLICANT

Full Legal Name: LAST, FIRST MIDDLE MAIDEN Nickname, alias, or other name used

Address (Street Address) (City) (State) (Zip) Social Security Number

Daytime area code & phone number () Cell area code & phone number () Fax area code & phone number () Date of Birth (mm-dd-yyyy) Age

Sex Race Height Weight Eyes Hair Place of Birth (City, State, Country)

Profession or occupation other than horse racing Driver's license number & issuing state **Are you presently practicing veterinary medicine in Oklahoma?**

Email Address YES NO Vet License # _____ expires _____

2. COURT RECORD

YES NO **Have you ever been convicted of a felony?** All convictions must be listed including: date, county, state, offense and sentence. Attach a copy of the court record.

YES NO Are you currently on any type of probation, parole, supervised release or suspended sentence for a **felony offense**? Attach a copy of the court record.

3. PRIOR LICENSURE

YES NO Have you ever held a horse racing / gaming facility license in any racing jurisdiction, including Oklahoma? List the state/country, year and license type.

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 the date, state/country, nature of violation, suspension, and fine. Attach additional sheet if necessary.

OFFICE USE ONLY

New -or- Renewal Yr _____

Effective _____

Expires **12-31-** _____

Track _____ Clerk _____

FP: _____

Lic Rec # _____

FP Rec # _____

Stew/Agent _____

Ruling: YES -or- NO

4. SPOUSE (must be completed if married)

Legal Name: LAST, FIRST MIDDLE MAIDEN Spouse's Social Security Number (If known)

YES NO Has your spouse ever held a horse racing / gaming facility license in any racing jurisdiction, including Oklahoma? List the state, country, year and license type.

YES NO Has your spouse's racing / gaming facility license ever been suspended, denied, or revoked in any racing jurisdiction, including Oklahoma? List the date, state/country, nature of violation, suspension, and fine.

5. EMPLOYEES (Complete all requested – your employer / authorized-signer must sign)

Print Employers name: _____

Print Company Name (if applicable): _____

Employers SSN: _____

Employer / Authorized-Signer: _____

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 liability 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.

6. ALL VENDOR, MANUFACTURER, DISTRIBUTOR, MANUFACTURER / DISTRIBUTOR 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.

Authorized Signer (Print name & sign): _____

7. UNDER 18 YEARS OF AGE (if applicable)

- Applicants under age 18 require signature of parent or legal guardian.
- Applicants for Owner under age 16 also require the parent / legal guardian to be licensed concurrently by the OHRC as an **Authorized Agent**.

Print parent / legal guardian's name: _____ SSN: _____ and Date of Birth: _____

By signing, I give permission for licensure of this minor and assume full responsibility, including financial responsibility, for such licensure.

Signature of above-named parent / legal guardian: _____ Date: _____

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

▶ YES NO Do you employ any person(s) within the racetrack enclosure at any OHRC-Licensed racetrack?

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): _____

9. JOCKEY AGENT or AUTHORIZED AGENT APPLICANTS

Name of Client	Client's type of license	Representation Beginning Date	Representation Ending Date

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

11. COMPLIANCE STATEMENT ALL APPLICANTS MUST ANSWER

By the acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission, the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and consent to any provisions which may be contained in them for search, within the enclosure of an organization licensee, of 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, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission or racetrack rule. I hereby request and authorize the Oklahoma Horse Racing Commission to conduct an official investigation of my personal history and background, including through the OSBI and FBI. 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 or reasonable expectation that this information will be kept from public access. I hereby certify that I understand the above statements and further authorize all consumer reporting agencies to release to the Commission any information requested by the Commission in connection with the background investigation and processing of this application. I hereby certify that all statements herein are complete and true. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial or revocation of this license and/or other disciplinary action by a Board of Stewards and/or the Commission. I have read and understand the above 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 must complete if in U.S. during the license period)

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.

I, _____, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows:
(PRINT Applicant's Name)

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: _____

▶ _____ NOTARY PUBLIC

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

(NOTARY SEAL)

My Commission expires: _____