

Oklahoma Horse Racing Commission  
**2010 Gaming Employee Renewal Application**  
(Short Form)

*To be accepted as a valid 2010 Renewal Application, this page must be completed with any/all changes that have occurred since approval of your 2009 license and accompanied by a Renewal fee of \$100.00.*

Legal Name:	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>SSN</b>
<hr/>				
Date of Birth:		Race:		Sex: M F

**Check and list any changes from the 2009 application.**  
(Use additional sheet if necessary.)

- Section 1: \_\_\_\_\_
- Section 2: \_\_\_\_\_
- Section 3: \_\_\_\_\_
- Section 4: \_\_\_\_\_
- Section 5: \_\_\_\_\_
- Section 6: \_\_\_\_\_
- Section 7: \_\_\_\_\_
- Section 8: \_\_\_\_\_
- Section 9: \_\_\_\_\_
- Section 10: \_\_\_\_\_

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, racetrack, or gaming facility. I hereby request and authorize the Oklahoma Horse Racing Commission 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 hereby certify that I understand the above statements and further authorize all consumers 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 foregoing statements and conditions and knowingly and voluntarily attach my signature hereunto.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's SIGNATURE

Printed

STATE OF \_\_\_\_\_  
SS: \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_