

**HORSE RACING**  
**OCCUPATION LICENSE APPLICATION**

**Make payable to:** Oklahoma Horse Racing Commission  
 One Remington Place – Bldg B, Oklahoma City, OK 73107  
 (405) 419-4441 or (405) 943-6472 www.ohrc.org

▼ LICENSE FEES ▼	▼ CHOOSE THE CATEGORY BELOW YOU ARE APPLYING FOR ▼								
\$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	<b>General Svc:</b> (Must Specify Dept.)			

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

Signature of parent / legal guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

**3. COURT RECORD (Attach additional sheet if necessary)**

YES NO Have you ever been convicted of any felony crime, or of any misdemeanor violation of the Controlled Dangerous Substance Act (Drug Laws), or of any law regarding gambling? All convictions must be listed, include: date, county, state, offense and sentence. Attach copy of the court record, including Judgment and Sentence documents.

YES NO Are you currently on any type of probation, parole, supervised release or suspended sentence? Attach copy of the court record, including Judgment and Sentence documents.

**4. PRIOR LICENSURE**

YES NO Have you ever held a horse racing / gaming facility license in any racing jurisdiction, including Oklahoma? List: 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: date, state/country, 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

**5. 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: 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: date, state/country, violation, suspension, and fine.

**6. EMPLOYEES (Your employer must sign)**

Print Employers name: \_\_\_\_\_

Print Company Name (if applicable): \_\_\_\_\_

**EMPLOYER SIGNATURE:** \_\_\_\_\_

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.

**7. ALL VENDOR 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.

**8. JOCKEY AGENT or AUTHORIZED AGENT APPLICANTS (Attach additional sheet if necessary)**

Name of Client	Client's type of license	Representation Beginning Date	Representation Ending Date
			12-31-

**9. 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): \_\_\_\_\_

**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 SIGN**

By acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission (OHRC); the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and agree to permit personnel of the OHRC to search my vehicle(s), 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 while within the enclosure of the racetrack and/or gaming facility, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission Rules. I further agree to permit personnel of the OHRC to remove from the above listed areas any item(s) they deem relevant to their investigation. It is understood that I will receive a receipt from OHRC for any and all items thus removed. I further understand that any items so removed by the OHRC may be used in a court of law or Board of Stewards Hearing during a criminal prosecution or an administrative proceeding. I am giving this written permission to the OHRC freely and voluntarily. I hereby request and authorize the OHRC 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 understand that my fingerprints will be taken and submitted to the Federal Bureau of Investigation (FBI) and the Oklahoma State Bureau of Investigation (OSBI) for a Criminal Records Report. I understand that I have the right to challenge inaccurate information on said Report and have it corrected. I understand that if I believe the Criminal Records Report contains inaccurate information I should contact the agency or entity that provided the information, or I can challenge the information with the FBI. I understand that I can obtain information on how to challenge inaccuracies at [www.fbi.gov](http://www.fbi.gov). I hereby certify that the information and statements I have provided herein are true and correct. I further certify that I understand all of the statements above and further authorize all consumer reporting agencies to release to the OHRC any information requested by them in connection with the background investigation and processing of this application. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial, suspension, revocation or cancellation of this license and/or other disciplinary action by the 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.

**▶ \_\_\_\_\_ ◀ 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 APPLICANTS OVER AGE 13 YEARS MUST COMPLETE**

**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:

- 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: \_\_\_\_\_
- I am not a United States Citizen **AND** I will not be physically present in the United States during the time of my licensure.

**▶ \_\_\_\_\_ NOTARY PUBLIC**  
 Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 My Commission expires: \_\_\_\_\_

(NOTARY SEAL)