National Racing License Application

The National Racing Compact
2365 Harrodsburg Road, Suite B-450
Lexington, Kentucky 40504
Phone (859) 224-0584 Fax (859)224-0591

OFFICE USE ONLY New or Renewal

Date ____/____/____ License # _____

F.P. _____ (status) Ref # _____

Payment Type _____ Total Fees _____

Clerk _____ Approved by: _____

THOROUGHBRED OWNERS AND BREEDERS ASSOCIATION
Member Discount: $25 OFF National Racing License

Welcome to the National Licensing Program!

As a horseman who may wish to participate in several different racing jurisdictions, you are eligible to apply for a national license through the National Racing Compact. **This form is only for owners, trainers, jockeys and drivers .** 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.

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

Check Breed(s) Thoroughbred ☐ Standardbred ☐ Quarter Horse ☐

License Type(s) Owner ☐ Trainer ☐ Jockey ☐ Driver ☐

1. Applicant Name _____
   Last Suffix First Middle Maiden
2. 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 _____
3. Marital status? ☐ Married ☐ Single ☐ Divorced ☐ Widowed
   If married, full name of spouse, including maiden name: _____
4. List all states licensed in: _____ *Year(s)* _____ *Type of License(s)* _____ *Name of State(s)*
5. List dates fingerprinted and what states printed you: _____ *Month &Year(s) Printed* _____ *In what State(s)*
6. Telephone numbers: (___) _____ *Home #* (___) _____ *Business #* (___) _____ *Fax #*
7. Person to be notified in case of emergency: _____ Telephone: (___) _____

8. Social Security No.* Social Insurance No. (Canadians)	Sex	Height	Weight	Color Hair	Color Eyes	Date of Birth	Age
- -						/ / Mo Day Year	

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

9. Are you a U.S. Citizen? ☐ Yes ☐ No If no, of what country are you a citizen? _____
   Immigration I.D. number *(if applicable)* A- _____
   Place of Birth _____ *City/State*
10. USTA Membership Number _____ *(If applicable)* USTA Membership Exp. Date: _____
11. Permanent mailing address: _____ *Street*
    (at which service of all papers may be made upon you)
    _____
    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: _____

The following two (2) questions must be answered "yes" or "no". Give details in space provided.

15.

a. Has your or your spouse's racing license ever been **denied, suspended, or revoked, or is a racing complaint pending** against either of you in any racing jurisdiction?	☐Yes ☐No
b. Are you and your spouse in good standing and welcome to apply in all racing jurisdictions?	☐Yes ☐No
c. Have you or your spouse ever been **fined $100 or more or been discharged, expelled or ejected** from any race track by any racing official, or commission?	☐Yes ☐No
d. Have you or your spouse ever had any racing permit or license **denied, suspended, or revoked** by any federal, state or local government agency?	☐Yes ☐No

Date	State	Track	Specific Violation(s)

16.

a. Have you or your spouse ever been convicted, forfeited bail, pleaded nolo contendre, or been sentenced (including to conditions or fined) for any criminal offense, felony or misdemeanor, including driving under the influence of drugs or alcohol?	☐Yes ☐No
b. Are any criminal charges or complaints pending against you or your spouse?	☐Yes ☐No
c. Are you or your spouse currently on **parole** or **probation?** If yes, parole or probation ends: _____ *(indicate month, day and year)*	☐Yes ☐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. Number of horses in training? _____ *(if applicable)*

20. Are you obligated to have workers' compensation insurance covering employees in connection with racing? ☐Yes ☐No

_____

*Company Name** *Policy Number* *Expiration Date* *Name of Policyholder*

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

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

21. **Statement of Ownership**

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

Horse Name	YOB	Trainer's Full Name	Ownership Name on Registration Papers	% Owned	Breed T,S,Q

22. If you listed a **Stable Name**, a **Corporation Name** or **any other legal entity** as owner of a horse under "**Statement of Ownership**" (See Question 21), please tell us about the individual person(s) under that name holding any interest in those horses. If you are responsible for registering the stable name or partnership, you must list all participants and pay the appropriate fees. Tax ID# _____ *(if applicable)*

Individual's Name	Address *(street, city, state & zip)*	Name of Horse	% Owned

23. **Colors Registration** - Jacket Color & Description: _____
Sleeves: _____ Collar: _____ Cap: _____

24. **Trainers, Jockeys and Drivers:**
List number of Starts: _____ Rides:_____ Drives:_____ that you have had within the last three years.

25. Do you have a connection to government, or to racing regulators or tracks, that may disqualify you to race in a particular state or states? If yes, please state all potential conflicts of interest:..... Yes ☐ No ☐

_____

_____

26. Have you been involved in the past 5 years with illegal substances or excessive use of alcohol; or have you at any time been associated or involved with any disreputable person (someone involved in organized crime, fraud, misrepresentation, any violent crime, race fixing or any other effort to pre-determine a race outcome, bookmaking, touting, pool-selling, bet solicitation, or any similar misconduct)? If so, give the details.

_____

_____

In making this application for a National Racing License, I, the undersigned, understand that an investigation may be conducted on my background and an investigative report may be prepared containing information obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character and general reputation that may be relevant to the issuance of a National Racing License. By submitting this application, I agree to abide by (1) the applicable rules and regulations of the National Racing Compact, pari-mutuel regulatory agencies, the laws of the United States of America, Canada, state/provincial governments, municipalities and other subdivisions thereof; and (2) any provisions regarding search and seizure that 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 possession or control of which may be forbidden.

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

I understand that participation in racing is a privilege, not a right, that any license issued pursuant to this application 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 suspension 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 in all jurisdictions, with the knowledge that rulings or decisions of the Stewards shall remain in force until reversed or modified by the authorized regulatory agency and may have an adverse effect on my National Racing License.

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 participate. 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 information and documents which it may so request. This agreement shall extend to anything that relates to any matter that is the subject of any agency hearing or investigation.

I understand that by providing the information requested on the fingerprint card I have included with this application and designating the National Racing Compact (the "Compact") as an entity to which the Federal Bureau of Investigation ("FBI") is authorized to send the results of its criminal records check, I also am authorizing the racing commission, or its equivalent, in each state that is a member of the Compact to receive the results of that check. Furthermore, if I failed to indicate on the fingerprint card that the FBI is authorized to send the results of its criminal records check to each such state racing commission, or its equivalent, I hereby authorize the Compact, as my designee, to do so for me.

I hereby affirm that I am familiar with the conflict-of-interest rules that apply to my participation in pari-mutuel racing, that my use of my license will not conflict with them , that I will not attempt to violate them, and that I am in good standing and welcome to apply for a racing license in all jurisdictions.

I hereby certify that, under the penalty of perjury, I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I hereby agree that my license may be confiscated and suspended or revoked at any time for misstatements or omissions in the foregoing application.

National Compact Fee	*TOBA member price* **$200.00**	~~$225.00~~
Total state fees: (see attached state fee schedule)		$_____
Total Amount Enclosed		$_____

Please select those jurisdictions in which you wish to be licensed. Total the fees and submit a check in that amount made payable to the National Racing Compact. If you would prefer to pay by credit card, please fill in the following information.

Paid by Credit Card Master____ Visa____ Card Number_____

Name on Card _____ Exp Date_____

Paid by Check _____ Amount_____ Check Number_____

Please be sure to sign this application and include the fingerprint card, photo, and payment before mailing!

_____ ____/____/____ _____

Signature of Applicant **Date** **E-mail Address** (Optional)

TOBA
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