

# Delaware Thoroughbred Racing Commission License Original Application

Cash _____
Charge _____
Check # _____

ARCI	License #:	Issued By:	Date:	Fee:	FBI Fingerprint Date:	FBI Fingerprint State:
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## Type Or Print Answers To All Of The Following Questions

FEE:	\$30.00	\$15.00	\$5.00	\$50.00/year	\$30.00/year	\$100.00/year
_____ VETERINARIAN	_____ VENDOR	_____ STABLE EMPLOYEE	_____ OWNER	_____ JOCKEY	_____ OWNER/TRAINER	
_____ VETERINARIAN ASST.	_____ VENDOR EMPLOYEE	_____ GROOM	_____ TRAINER	_____ APPRENTICE JOCKEY		
_____ JOCKEY AGENT	_____ PONY PERSON	_____ HOT WALKER				
_____ FARRIER/PLATER		DELAWARE PARK EMPLOYEE				
_____ DENTIST		DEPT. _____				
_____ ASST. TRAINER	_____ RACING COMMISSION					
_____ EXERCISE RIDER		POSITION: _____				

* SSN #		Full Legal Name (First, Middle, Last)				Maiden/Alias		Date of Birth	
Permanent Home Address at which service of all papers may be made upon you.					City		State		Zip Code
Present Address (if different from above)					City		State		Zip Code
Home Telephone		Cell Phone		Business Phone		Emergency Phone		E-mail Address	
Height	Weight	Hair Color	Eye Color	Sex	Marital Status	Place of Birth	Citizen Of	Immigration ID#	

### Complete the following, if applicable.

How is ownership to be listed on official race program?
Trainer's Name:

### If in co-ownership, list name and percentage (%) of ownership held by each.

Name:	% Share:
Name:	% Share:
Name:	% Share:
Name:	% Share:

If incorporated, copy of Certificate of Incorporation must be attached. Entity fees may apply and additional forms may be required by some jurisdictions.

### Complete the following Workers' Compensation insurance information.

Workers' Comp. Insurance Company:	Policy Number:
Expiration Date:	Name of Policy Holder:

### List horses owned or leased by you, wholly or in part.

A copy of the lease agreement(s) must be attached to the application.

Horse Name(s):	Name/Address of lessor if appropriate:

**Veterinarian – Farrier – Vendor**

YES NO Have you complied with the provisions of the Workmen’s Compensation Law?

Expiration Date \_\_\_\_\_ Policy # \_\_\_\_\_ Company Name \_\_\_\_\_

**FARRIERS:** In what other states do you hold a FARRIER or PLATER license? \_\_\_\_\_

**VETERINARIANS:** State of Delaware Board # \_\_\_\_\_ Expiration: \_\_\_\_\_

**VENDORS:** Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Business License # \_\_\_\_\_ Number of employees to be licensed \_\_\_\_\_

**JOCKEY AGENT:** Jockey: \_\_\_\_\_ Jockey: \_\_\_\_\_

\* Voluntary provision of Social Security Numbers is requested and will be used as a secondary identifier for credit background and other such investigations.

**If Applicant is married, please furnish the following information concerning spouse:**

* SSN #, Federal ID #, or Social Insurance #	Full Legal Name (First, Middle, Last)	Maiden or Alias	Date of Birth
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**All Of The Following Questions Must Be Answered – Please Circle “Yes” Or “No”. Give Details In Space Provided Below Or On Separate Sheet.**

1. Have you, or your spouse, ever been fined over \$250?	Yes	No
2. Has your license, or your spouse’s license, ever been denied, suspended, or revoked?	Yes	No
3. Is there presently a complaint and/or ruling pending against you, or your spouse, in any jurisdiction?	Yes	No
4. Have you, or your spouse, ever been ARRESTED? (including DUI/DWI)	Yes	No
5. Have you, or your spouse, ever been CONVICTED? (including DUI/DWI)	Yes	No
6. Are you, or your spouse, currently on parole or probation for any crime?	Yes	No
7. Have you, or your spouse, had your fingerprints submitted to the FBI? Year: _____ State : _____	Yes	No
8. Have you, or your spouse, ever been licensed in other jurisdictions?	Yes	No
9. If yes, please list every jurisdiction and every license type (owner, trainer, etc.)		
Trainer’s Name:		
Employer’s name at racetrack (if applicable):		Employer’s signature:

**All applicants must read the following and sign below.**

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, personal characteristics, 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 (i) 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 (ii) agree to abide by any provision regarding search and seizure which may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any rights 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 in 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 condition 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 a license, I agree to abide by the Rules of Racing and rulings or decisions of the Stewards and Judges with the knowledge that rulings or decisions of the Stewards and Judges shall remain in force until reversed or modified only by the authorized regulatory agency. Fingerprints submitted will be searched by the Delaware State Police and Federal Bureau of Investigation.

I hereby certify, under penalty of perjury, that 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 revoked at any time for misstatement 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.

APPLICANT  
Signature/Date \_\_\_\_\_

STEWARD  
Signature/Date \_\_\_\_\_

**Please Fax or Mail Only Owners’ or Trainers’ Applications, Payments, and Addendums to:**

Delaware Thoroughbred Racing Commission | Phone-(302)-994-2521 ext. 7138, 7258, or 7104 | Fax- (302)-993-8949 |

777 Delaware Park Blvd.  
Wilmington, DE 19804  
Attn: Licensing Office