

Delaware Thoroughbred Racing Commission License Renewal Application

Cash _____
Charge _____
Check # _____

License #:	Issued By:	Date:	New or Renewal:	Fee:	FBI Fingerprint Date:	FBI Fingerprint State:
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(Office Use Only)

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: _____			

I, the undersigned, hereby make application for **renewal** of my _____ license, to be issued in accordance with the terms and provisions of the Rules of Racing adopted by the Delaware Thoroughbred Racing Commission.

* SSN #, Federal ID #, or Social Insurance #	Full Legal Name (First, Middle, Last)	Maiden or Alias	Date of Birth
Permanent Home Address at which service of all papers may be made upon you.	City	State	Zip Code
Telephone Number	E-Mail Address	Place of Birth	
Present Address (if different from above)	City	State	Local Phone
	Zip		
Citizen Of	Immigration ID# (if applicable)		

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:

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

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: _____

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