

EMERGENCY PERMIT  YES  NO

Virginia Racing Commission  
10700 Horseman's Road  
New Kent, VA 23124

804-966-7412  
804-966-7422 FAX  
 ARCI  
 USTA

### APPLICATION FOR PARTICIPANTS

Last Name	First Name	Middle Name
Stable/Corp/LLC/Trust/Estate		Permit Type

**FOR COMMISSION USE ONLY**  
 Date Applied \_\_\_\_\_  
 Permit Number \_\_\_\_\_  
 Date Packet Mailed \_\_\_\_\_  
 Sender of Packet \_\_\_\_\_  
 Packet Given To \_\_\_\_\_  
 Application Reviewed By \_\_\_\_\_

Date Approved \_\_\_\_\_  
 Cash Payment  
 Check Payment/Check # \_\_\_\_\_  
 Prints Taken  
 Prints Not Taken

#### INFORMATION AND INSTRUCTIONS

The application shall be accompanied by a fee prescribed by the Virginia Racing Commission. The applicant shall be fingerprinted upon making his initial application in the Commonwealth of Virginia and at least once every five years thereafter. Checks or money orders should be made payable to the Virginia Racing Commission. All questions must be answered and the application signed by the applicant.

Permanent Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 U.S. Citizen?  Yes  No  
 If no, citizen of \_\_\_\_\_ Immigration # \_\_\_\_\_  
 Person to notify in Emergency: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Social Security # \_\_\_\_\_  
 FEIN Number \_\_\_\_\_  
 U.S.T.A. Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Home \_\_\_\_\_  
 Business \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Male  Female  
 WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_  
 HAIR COLOR \_\_\_\_\_ EYES \_\_\_\_\_

<b>OWNER AND TRAINER</b>
Number of horses in training in Virginia _____
Number of employees working in Virginia _____
Company name _____
Policy Number _____
Name of Policyholder _____
<b>ASSISTANT TRAINER</b>
Assistant to trainer _____
Number of horses in year care _____
<b>JOCKEYS AND APPRENTICE JOCKEYS</b>
Name of Agent _____
<b>JOCKEY AGENTS</b>
1. Jockey's Signature _____
2. Jockey's Signature _____

CURRENT LICENSE 20 \_\_\_\_\_ LICENSE TYPE(S) \_\_\_\_\_ NAME OF STATE(S) \_\_\_\_\_

Have you ever had a racing license or permit denied, suspended or revoked, or is a complaint pending in any racing jurisdiction?  
 Yes  No

Have you ever pleaded guilty, pleaded nolo contendere, been found guilty or been convicted or forfeited bail or been fined for any criminal offense, either a felony or misdemeanor, including driving under the influence of alcohol and/or drugs?  
 Yes  No

Is there now any indictment or complaint pending against you for any public offense?  Yes  No

Are you presently on parole or probation?  Yes  No Probation Ends \_\_\_\_\_

Have you ever been licensed in any state under any other name?  Yes  No If yes, the names and ages used and identify state and year in space provided below.

Do you have any complaints in any racing jurisdiction for any offense?  Yes  No

Have you ever used another name or have you ever been known by other name?  Yes  No

Have you ever had any permit or license of any type denied, suspended or revoked by any federal, state or local government agency? (i.e., Drivers, Nursing, Medical)  Yes  No

Under what name/s are you to be listed in the program? \_\_\_\_\_

If the answer to any of the above questions is "yes", give complete details. \_\_\_\_\_

List all horses in training owned wholly or in part by you. If leased, please designate and all leases must be notarized.

List all persons, corporations or other legal entities holding any interest in the below horses.

<u>Name</u>	<u>Address</u>	<u>Horse</u>	<u>Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you intend to register an Authorized Agent?  Yes  No If yes, agent's name \_\_\_\_\_  
Please furnish notarized Authorized Agent's form.

I am knowledgeable about the regulations of the Virginia Racing Commission, and I agree to abide by the regulations of the commission as well as the rulings of the stewards, unless reversed or modified by the commission.

By submitting this application, I hereby irrevocably consent to a search and to the seizure of any drugs, stimulants, narcotics, hypodermic syringes, or other similar devices, and any batteries, which could be used to affect the speed or action of a horse. I also hereby irrevocably consent to the right of commission personnel to enter into, or upon buildings, stables, rooms, autos, or other places within the enclosure, as defined by the regulations of the commission, to examine them, and to inspect and examine my personal property and effects. I recognize that by refusing to consent to such searches and seizures that I am subject to disciplinary action.

I understand that the Virginia Racing Commission will keep my fingerprints taken in connection with this application on file for possible later use for such purposes as renewal of my Virginia Racing License or any disciplinary action that may be taken with regard to that license, and I hereby authorize the Virginia Racing Commission to do so.

I hereby certify that I have read this application and affirm that every statement contained here in is true and correct to the best of my knowledge and belief. I do hereby agree that my permit may be revoked at any time for misstatements or omissions in this application.

I hereby agree to be subject to the subpoena powers of the Virginia Racing Commission or a written request issued in lieu of a subpoena and provide the commission with any and all information or document, which it may request. This agreement shall extend to anything, which relates to any matter, which is the subject of a commission hearing or investigation.

I hereby certify that I read this application and that the applicant is my employee. I also hereby certify that I will be responsible for the actions of my assistant as they relate to racing matters.

Signature of Supervisor of Applicant

Date

Signature of Applicant

Date