



COMMONWEALTH of VIRGINIA

Virginia Racing Commission

10700 Horsemen's Road
New Kent, Virginia 23124
(804) 966-7400; FAX (804) 966-7418

AUTHORIZED AGENT FORM

I have this day appointed _____

Whose address is _____

As an agent to act for me for the year _____ for matters pertaining to the racing of horses under the jurisdiction of the Virginia Racing Commission as described below.

Owner(s): _____

Address: _____

Owner's Signature: _____

Authorized Agent may:

- Claim horses in my (our) name
Buy, sell or transfer horses without my (our) written consent
Receive and endorse checks made payable to me (us)
Direct the transfer of money to my (our) account
Have checks payable to authorized agent from my (our) account

City/County of _____

Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by

(Name of person seeking acknowledgment)

Notary Seal

Notary Public's signature

Notary registration number: _____

My commission expires: _____