

NYS RACING LICENSE APPLICATION

New York State Gaming Commission 1 Broadway Center, Licensing Unit Schenectady, New York 12305 518-388-4000 Website: http://www.gaming.ny.gov					APPLICATION ↓ YEAR ↓		Fee	FP	TTL										
							Rec #		Date										
1. To be licensed as: (Owner, groom, food, etc.)			2. Number of years New App – 1 Year Only <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		3. Division <input type="checkbox"/> Harness <input type="checkbox"/> Thoroughbred														
4. Social Security Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>														5. Last year licensed:					
6a. Last Name			6b. First Name			6c. MI		6d. Maiden name											
9. Permanent address (street, city, state, zip code)						10. Email address													
11. Mailing address (street, city, state, zip code) if different from permanent address																			
11a. Telephone (home)				11b. Telephone: Work <input type="checkbox"/> Cell <input type="checkbox"/>			12. Place of birth												
13. Sex		Height		Weight		Color Eyes		Color Hair		Date of birth (mm/dd/yr)									
NOTE: Applicants who are less than 18 years of age must submit working papers & parental consent!																			

14. Employment information:	
Who is your employer? (If self-employed, so state and provide details)	Name:
What is your position?	Address:
15. If you are NOT a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization in the space provided below:	
USCIS "A" number or other USCIS authorization number:	

16. Are you a public employee, elected public official, political party officer, police officer in New York State? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", you must submit Form PE-1* to complete your application.

17a. Are you under an obligation to pay child support in any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO
17b. If "YES" are you 4 months or more in arrears? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", you must submit Form CS-1* to complete your application.
NOTE: Persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their license.

18. Have you ever had any permit or license of any type denied, suspended or revoked by any Federal, State or local government agency?

YES NO IF "YES", EXPLAIN

20. Have you, your spouse or members of your immediate family ever been refused a license, had a license revoked or suspended for 10 or more days, been fined \$250 or more, been barred, ejected or ruled off by any race track or association?

YES NO IF "YES", EXPLAIN:

21a. Have you ever been convicted of any crime, offense or violation of law?

YES NO IF "YES", EXPLAIN:

21b. Have you been arrested or charged for any crime, offense or violation in which action is still pending?

YES NO IF "YES", EXPLAIN:

NOTE: A criminal conviction is not an automatic bar to being licensed. However, if you make a false statement, this can result in license denial and or criminal prosecution. If either 21a or 21b is answered "YES", please provide details:

IMPORTANT:

- The authority to request personal information from you, including identifying numbers such as Federal social security and Federal employer identification numbers, and the authority to maintain such information is found in section 5 of the Tax Law and §3-503(3) of the General Obligations Law. Disclosure of this information by you is mandatory. The purposes for which this information is collected include a) enabling the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance and b) enabling the New York State Department of Family Assistance to identify persons for child-support enforcement purposes. The information will be used for identification and licensing purposes and for any other purpose authorized by the New York State Gaming Commission which may include use in a multi-state licensing database.
- By the acceptance of a license issued pursuant to this application, I waive my rights to object to any search, within the grounds of a licensed racetrack or racing association, of any premises which I occupy or control or have the right to occupy or control and of my personal property, including a personal search, and the seizure of any article, the possession of which may be forbidden within such grounds.
- I understand that I must report any arrest, criminal charge or conviction for a violation or crime which occurs after the date of this application.
- An investigative consumer report may be requested in connection with this application. I authorize the New York State Gaming Commission to obtain such a report and understand that I may ask in writing whether or not a report was requested and the name and address of the consumer reporting agency used.
- Knowingly making false statements in this application, including with the intent to frustrate or defeat the enforcement of child support obligations, is a crime punishable pursuant to Penal Law §§ 175.30, 175.35 and/or 210.45.
- I hereby swear that I have read this application and the statements made are true and correct.

Signed X

Date

* Note: Supplemental forms can be obtained upon request from the Commission's main office, track offices or via the Commission's website where you can download applications, supplemental forms, rules and other documents.

www.gaming.ny.gov

NYS RACING LICENSE APPLICATION SUPPLEMENT

TO BE COMPLETED BY:

OWNERS TRAINERS DRIVERS JOCKEYS AGENTS VETERINARIANS

Name (Last, First, MI)	Social Security Number			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			

1. OWNER: Do you own any race horses which are likely to race in New York State during this calendar year?
 YES NO IF "YES" answer parts 1a – 1e

1a	List the names of each horse in which you have an interest, wholly or in part or leased to you. (If more than three, provide names on a separate sheet.)		
	Horse name	Purchased from (if bred, so state)	% owned

1b	List the name of each trainer you employ or intend to employ:

1c	Are you a Managing Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1d	If a horse is owned by a CORPORATION in which you have an interest, provide the following:		
	Corporation Name:		
	Corporation Address:	Contact Phone:	
	Name and Address of All Owners:		
	Name	Address	

1e	If under a leasing arrangement, give name and address of the lessee or lessor:			
	First Name	MI	Last Name	
	Permanent address			
	City	State	Zip Code	
	Home Phone	Cell Phone	Email Address	

2. Do you intend to hire help in connection with racing at New York State Race Tracks who are/will not be covered by Jockey Injury Compensation Fund insurance? Yes No

If "YES": Employers must submit a Certificate of Workers' Compensation Insurance on a NYS Workers' Compensation Board Form C-105.2 or a NYS State Insurance Fund Form U-26.3. NYS Gaming Commission must be the certificate holder.

If "NO": You must submit a completed NYS Workers' Compensation Board Form CE-200 (Certificate of Attestation of Exemption). The completed certificate must be completed and printed through WCB Website <http://www.wcb.ny.gov> under the heading "forms". The completed certificate must be submitted to the Gaming Commission along with your application.

The name of the individual applying for a license MUST appear on the certificate of insurance or CE-200 form submitted to the New York State Gaming Commission. If the policy is held by a corporation or stable name, the licensee must be added as a separate legal entity to that policy.

3. TRAINER Applicant:

List current owner(s):

Name:

Name:

Harness Trainer Only: Indicate USTA/CTA License Status General ("G") Limited/Private ("L")

4. JOCKEY/Apprentice Jockey Applicant: Provide name of jockey agent:

5. JOCKEY AGENT Applicant: List Jockeys below:

6. AUTHORIZED AGENT Applicant: List employers below:

Note: a copy of a completed authorization must be attached!

7. DRIVER Applicant

Indicate USTA/CTA License status:

Full ("A") Provisional ("P") Qualifying/Fair ("Q/F") Other:

Note: You must have a minimum of 20-40 vision in one eye, corrected, according to certification by a licensed optometrist, oculist or ophthalmologist. The certification must be dated within 6 (six) months of the application date and must be provided with each subsequent application. A photocopy of a USTA membership card displaying adequate visual acuity measurements is also acceptable for Out-of-State applicants.

8. VETERINARIAN Applicant:

NYSED License Number:

Date Issued:

Expires on:

If on a temporary permit, list expiration date:

Have you ever been licensed as a veterinarian by any other racing commission? Yes No

If "YES" list states and years below:

The above is submitted as a supplement to my license application and I hereby swear that I have read the supplement and the statements made are true and correct.

Signed X

Date: