

NYS RACING LICENSE APPLICATION

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| New York State Gaming Commission 1 Broadway Center, Licensing Unit Schenectady, New York 12305 518-388-4000 FAX 518-347-1439 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 Harness <input type="checkbox"/> Thoroughbred <input type="checkbox"/> | | | |
| 4. Social Security Number | | | | 5. Last year licensed: | | | | | | | |
| | | | | | | | | | | | |
| 6a. Last Name | | | | 6b. First Name | | | | 6c. MI | | 6d. Maiden name | |
| 7. Permanent address (street, city, state, zip code) | | | | | | | | 8. Email | | | |
| 9. Mailing address (street, city, state, zip code) if different from permanent address | | | | | | | | | | | |
| 9a. Telephone (home) | | | | | | 9b. Telephone Work <input type="checkbox"/> Cell <input type="checkbox"/> | | | 10. Place of birth | | |
| 11. Sex | | Height | | Weight | | Color Eyes | | Color Hair | | Date of birth (mm/dd/yy) | |
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| NOTE: Applicants who are less than 18 years of age must submit working papers & parental consent | | | | | | | | | | | |

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| 12. Employment information: | |
| Who is your employer? (If self-employed, so state/provide details) | Name: |
| Position: | Address: |
| 13. 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: | |

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| 14. 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. |
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| 15a. Are you under an obligation to pay child support in any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15b. 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. |

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| 16. Have you ever had any permit or license of any type denied, suspended or revoked by any Federal, State or local government agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," explain: |
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| 17. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," explain: |
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Background History

A background investigation, including the results of your fingerprinting, is conducted prior to issuing a license. Please answer the following questions completely. NOTE:

- If you do not answer the questions honestly and completely, your license application may be denied.
- Any misrepresentation will be taken into account in assessing your character, honesty and integrity.
- A conviction of a crime or an arrest will NOT necessarily result in a denial of this application.
- Do NOT assume that a conviction has been expunged, sealed or otherwise shielded from discovery in an investigation because of how long ago the offense occurred, your age at the time the offense occurred or any other reason.
- Do NOT rely on any representation or explanation that anyone else, such as an attorney, may have given you about whether an offense needs to be disclosed.
- It is important that you disclose ALL convictions so that the facts may be assessed accurately in evaluating this application.
- A failure to disclose required information may, by itself, cause a denial of this application, even if the undisclosed conviction would not have prevented your licensure had it been disclosed properly.

18a. Have you ever been convicted of any crime, offense or violation of law? Please Note: This includes any crime, offense, violation or infraction that may have occurred in your lifetime, whether or not you believe it may have been expunged. This question calls for disclosure of any offenses, including any drug or alcohol-related crimes, DWI, DUI, DWAI, possession of illegal substances, etc. If you have any history with any of those offenses, your answer should be "yes."

☐ YES ☐ NO If "YES," explain in space below

18b. Have you been arrested or charged for any crime, offense or violation in which action is still pending? Please Note: If you were arrested and the case is still pending, meaning not brought to trial or dismissed, then your answer should be "yes."

☐ YES ☐ NO If "YES," explain in space below

Please use the space provided below if you answered "YES" to questions 18a or 18b. Provide as much detail as possible. If needed, you may add additional sheets:

The New York State Gaming Commission will compare the information you provide with criminal records maintained by Federal and State law enforcement agencies. Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33. See <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, CFR, Section 16.34. See <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. An applicant may obtain, review and, if necessary, seek correction of his/her criminal history pursuant to New York State DCJS regulation (9NYCRR Part 6050). For more information, see <https://www.criminaljustice.ny.gov/ojis/recordreview.htm>

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:

NYS RACING LICENSE APPLICATION SUPPLEMENT

TO BE COMPLETED BY: OWNERS, TRAINERS, ASSISTANT TRAINERS, JOCKEYS, AGENTS, VETERINARIANS

NOTE: ALL OWNERS, TRAINERS AND ASSISTANT TRAINERS MUST COMPLETE QUESTION 9.

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| Name (Last, First, MI) | | Social Security Number | |
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| 1. | OWNER: Do you own any race horses which are likely to race in New York State during this next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> 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 If a horse is owned by a CORPORATION in which you have an interest, provide the following: | | |
| 1d | Corporation Name: | | |
| | Corporation Address: | | Phone: |
| | Name and Address of All Owners: | | |
| | Name | Address | |
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| 1e | If under a leasing agreement: provide name and address of the lessee or lessor: | | |
| | First Name | MI | Last Name |
| | Permanent Address | | |
| | City | State | Zip Code |
| | Home Phone | Cell Phone | Email |

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| 2. | TRAINERS/ VETERINARIAN APPLICANTS: 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 Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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. The 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 the WCB web site www.wcb.ny.gov under the heading "Forms." The completed certificate must be submitted to the NYS 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. | | |

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| 3. | TRAINER: List current owner(s): | | |
| | Name: | | Name: |
| | Name: | | Name: |
| Harness Trainer Only: Indicate USTA/CTA License Status: <input type="checkbox"/> General ("G") <input type="checkbox"/> 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: | | |
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| NOTE: A copy of a completed authorization must be attached. | | | |
| 7. | DRIVER Applicant: Indicate USTA/CTA License status: | | |
| | <input type="checkbox"/> Full ("A") <input type="checkbox"/> Provisional ("P") <input type="checkbox"/> Qualifying/Fair ("Q/F") <input type="checkbox"/> 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: | Expiration: |
| | If on a temporary permit: list expiration date: | | |
| | Have you ever been licensed as a veterinarian by any other racing commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" list states and years below: | | |
| | | | |
| 9. | OWNERS, TRAINERS OR ASSISTANT TRAINERS: | | |
| | FOR ALL APPLICANTS SEEKING TO BE LICENSED OR RENEWED AS THOROUGHBRED OR HARNESS You must view the Gaming Commission's online video entitled "New York State's Responsible Aftercare of Racehorses," available for viewing at https://www.gaming.ny.gov/horseracing/index.php?id=2 . Have you completed this MANDATORY licensing requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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: |