Virginia Racing Commission (VRC) Licensing Office 5707 Huntsman Road, Suite 201-B 804-966-7415 Richmond, VA 23250 email application to: www.vrc.virginia.gov VRCLicense@vrc.virginia.gov LICENSE TYPE: □ Harness □ Thoroughbred □ Steeplechase □ Owner □ Trainer □ Jockey □ Rider □ Driver □ Groom □ Licensee Employee □ Stable □ Other\_\_\_\_\_ **APPLICANT'S NAME** First Middle (Jr, Sr., etc.) Last Other Names (maiden/other) \_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_ Are you a Citizen or Naturalized Citizen of the United States? 🗌 Yes 🗌 No If no, what country? Immigration # UNDER 18 YEARS OF AGE (if applicable) By signing, I give my permission for licensure of this minor and assume full responsibility, including financial responsibility, for such licensure. \_\_\_\_\_ Relation: \_\_\_\_\_ Signature of parent / legal guardian: \_\_\_\_\_\_ Permanent Mailing Address: It is the sole responsibility of the licensee to notify the Racing Commission of a change in mailing address. Mailing Address \_\_\_\_\_\_ Apt/Suite \_\_\_\_\_\_ City \_\_\_\_\_\_ State/Zip \_\_\_\_\_\_ Home Ph.\_\_\_\_\_ Cell Ph. \_\_\_\_\_ E-Mail \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_\_ Hair Color \_\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ HARNESS ONLY: Please provide your USTA # GROOMS ONLY: Employer Name \_\_\_\_\_ Employer Signature \_\_\_\_\_ All license applicants are required to provide answers to the criminal history background questions. An applicant who intentionally or recklessly provides false information concerning his/her criminal history background is subject to license suspension or revocation. Any Outstanding Warrants found during the background investigation will result in immediate suspension of your license. Has your racing license *EVER* been denied, suspended, or revoked? ...... Yes Veral Yes Veral Yes 1. Have you **EVER** pleaded guilty, pleaded no contest, been found guilty, convicted, or fined for any criminal offense, 2. either a felony or misdemeanor, including driving under the

influence of drugs or alcohol? ..... 🗆 Yes 👘 No

# IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS – PLEASE PROVIDE AN EXPLANATION BELOW AND ATTACH ADDITIONAL PAGES AS NECESSARY

Charges (s):	
Year arrested/charged:	
Agency that arrested/charged you:	 
Court where you appeared:	 
Disposition & Date (Jail, Fine, Probation, Dismissed):	 

## **OWNERS – PLEASE PROVIDE THE FOLLOWING INFORMATION**

What name appears on the registration papers as the owner?		
Who is your <u>Virginia</u> licensed trainer?		
Do you intend to register an authorized agent? 🛛 Yes 🗌 No If yes, name		
Do you race under a stable/LLC/Estate name in Virginia or any other names? $\ \square$ Yes $\ \square$ No		
If yes, what name?		

#### List the names of horses that you plan to race that you own less than 100% (attach additional pages if necessary):

Name of Horse(s)	% Owned	Name(s) of Other Owner(s) or Anyone With an Interest in the Named Horse	%Owned	Other Owner(s) City, State, & Country

# TRAINERS - LIST OWNERS FOR WHOM YOU ARE NOW TRAINING IN VIRGINIA

Name of Owner (Last, First, Middle Initial)	Address (City, State, Zip Code, Country)	

### ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING

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 of action of any horses. I also hereby irrevocably consent to the right of Commission personnel to enter late, 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 the 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 here 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 documentation, 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.

 Signature of Applicant \_\_\_\_\_\_\_ Date \_\_\_\_\_\_

 FOR RACING COMMISSION USE ONLY

 Citizen Documentation Reviewed:
 Yes

 No
 Fingerprints Submitted

 Reviewed:
 (initial) \_\_\_\_\_\_\_

 Interviewed – if needed (initial/date) \_\_\_\_\_\_\_
 Approved

 Processed by \_\_\_\_\_\_
 Fee \_\_\_\_\_\_

 Date \_\_\_\_\_\_\_
 Credit Card (last four #) \_\_\_\_\_\_

 Authorization # \_\_\_\_\_\_\_