

STATE OF CALIFORNIA  
CALIFORNIA HORSE RACING BOARD

CHRB-31 (REV. 02/97)

**APPLICATION FOR RENEWAL OF OWNER'S LICENSE**

NO:

DATE:

ISSUED AT:

Please Print in Ink or Type

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
(Business Address) No. or Box Street City State Zip

\_\_\_\_\_  
(Business) Telephone No. Name of Spouse (Husband/Wife) CHRB License No. & Exp. Yr.

- I intend to race as an: INDIVIDUAL  GENERAL PARTNER  MEMBER OF A MULTIPLE OWNERSHIP  OTHER
- Have you been convicted of any criminal offense (other than traffic infractions) within the past 36 months ..... YES  NO
- Has your CHRB license been suspended within the past 36 months? ..... YES  NO
- Do you intend to participate in the ARCI-Reciprocity Program ..... YES  NO   
If so, list State(s): \_\_\_\_\_
- Have you had any racing-related financial obligations which have been in arrears (past due and unpaid) for more than 90 days? ..... YES  NO

**INFORMATION PROVIDED ABOVE IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT (Government Code Section 6250 et seq.)**

**LICENSE FEE**  
\$150.00  
(3-YEAR TERM)

**RECIPROCITY ASSESSMENT**  
\$34.00  
(SEPARATE CHECK)

TB  QH   
HH  APP.   
ARABIAN

6. What is the name of the licensed Trainer having care of your horse(s)?

\_\_\_\_\_  
Trainer's Name

7. List the names of the HORSES you own in whole or part.

- \_\_\_\_\_ %
  - \_\_\_\_\_ %
  - \_\_\_\_\_ %
  - \_\_\_\_\_ %
- (You may attach a separate listing if necessary.)

I hereby make application for license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I certify under penalty of perjury that the statements and answers I have made in this application are true and correct.

\_\_\_\_\_  
Signature Date of Application

EXIST F/P CODE \_\_\_\_\_  
EXIST STAT. CODE \_\_\_\_\_  
REVIEWED BY \_\_\_\_\_

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**INFORMATION LISTED BELOW WILL BE KEPT CONFIDENTIAL**

\_\_\_\_\_  
Residence Address City State Zip

\_\_\_\_\_  
Phone Soc. Sec. (or FIN) Driver's License # State

Disclosure of Social Security Number is voluntary. The Social Security Number will be used to identify personal records which may be required during the background investigation. (Authority: Business and Professions Code Section 19440, Public Law 93-579, Section 7.)