

Delaware Thoroughbred Racing Commission

Cash	-
Charge	
Check	
Clerk's Initials	

License Application

License #:	New or Renewa	Date Issued:	Issued By:	Fee:	FBI Fingerp	orint Date:	Date: FBI Fi		Fingerprint State:	
Trunc	On Duin	4 A marron		LOFT	ha Fall	larrina		a4	iona	
		t Answei	rs 10 Al	1011	ne ron	lowing	V	uesi	10118	
Select License										
OWNER:	TRAINER:	OWNER /	TRAINER:	JOCKEY:_	APPRE	ENTICE JOCKE	Y:	-		
MULTIPLE (OWNER:	CORPORATION / LI	.C: PAR	TNERSHIP	STABLE	E NAME:	ГО	THER:		
List Jurisdictio	n:									
* SSN #, Federal ID #, or Social Insurance # Full Legal Name (First, Middle)	Maiden or Alias Date of Birth		Birth			
Permanent Home Address (at which service of all papers may be made upon you)				City	State	Co	untry	nntry Zip Code		
Present Address (if different from above)				City	State	Со	Country Zip Code		le	
Home Phone Work Phone			Mobile Phone	obile Phone Fax Number			Emergency Phone			
Place of Birth	Citizen Of:	Immigration ID #	Marital Status	Sex	Height	Weight	Hair	Hair Color Eye Col		
Complete the	e following, if	applicable.		1						
How is owners	hip to be listed o	on official race prog	gram?							
Trainer's Name	e:									
If in co-owne	ership, list na	me and percen	tage (%) of o	wnership	held by eac	eh.				
Name:				_		% Share:				
Name:						% Share:				
Name:						% Share:				
Name:						% Share:				
f incorporated, copy	y of Certificate of Inc	corporation must be atta	ched. Entity fees m	ay apply and add	ditional forms ma	y be required by	some ju	risdiction	ıs.	
Complete the	e following W	orkers' Comp	ensation insu	rance info	rmation.					
Workers' Comp. Insurance Company:				Policy Number:						
Expiration Date: Name of Policy Holder:										
				A copy of the	looso ograamarti-) must be atta-1-	nd to th-	annliast!	on	
Horse Name(s):	when of icasi	ca by you, who		in part. A copy of the lease agreement(s) must be attached to the application. Name/Address of lessor if appropriate:						
					** *					

^{*} Voluntary provision of Social Security Numbers is requested and will be used as a secondary identifier for credit background and other such investigations.

* SSN #, Federal ID #, or Social Insurance #	icant is married, please furnish the following information concerning spouse: Federal ID #, or Social Insurance # Full Legal Name (First, Middle, Last) Maiden or Alias						
All Of The Following Question Space Provided Below Or On	ns Must Be Answered – Please Circle "Yes Separate Sheet	" Or "No". Give I	 Details In				
•	been fined \$100 or more, or been ejected from any ra	cetrack?	Yes	No			
· · · · ·	· · · · · · · · · · · · · · · · · · ·	courack.	Yes	No			
2. Has your license, or your spouse's license, ever been denied, suspended, or revoked?3. Is there presently a complaint and/or ruling pending against you, or your spouse, in any jurisdiction?							
4. Have you, or your spouse, ever been ARRESTED? (including DUI/DWI)							
	been CONVICTED? (including DUI/DWI)		Yes Yes	No No			
	tly on parole or probation for any crime?		Yes	No			
• • •	·	State :	Yes	No			
· · · · · · · · · · · · · · · · · · ·	been licensed in other jurisdictions?	State	Yes	No			
	ion and every license type (owner, trainer, etc.)		103	110			
7. If yes, please list every jurisdict	ion and every needse type (owner, trainer, etc.)						
any time been associated or inve	past 5 years with illegal substances or excessive use obved with any disreputable person (someone involved olent crime, race fixing, or any other effort to pre-dete	d in organized crime,	Yes	No			
•				I			
If yes, give details.							
11. Trainer's Name:							
12. Owner's Name:							
13. Employer's name at racetrack (if	applicable):						
14. Employer's Signature:							
A.II 12	m 1 1						
personal interviews with third parties, such as fainquiry includes information as to your charact	cipate in racing, it is understood that an investigative report may unily members, business associates, financial sources, friends, neiger, general reputation, personal characteristics, which may be apple and accurate disclosure of additional information concerning the	hbors, or others with whom y icable. You have the right to	you are acquai make a writt	nted. Th			
States of America, Canada, state/provincial goverizure which may be contained in any of the al	d, do hereby (i) agree to abide by the rules and regulations of the pernment, municipalities and other subdivisions thereof; and (ii) a pove-mentioned laws, rules and regulations, and I consent and waive any premises or vehicle which I may occupy or control or have the aving of which may be forbidden.	gree to abide by any provision of any rights I have to object	on regarding s to the search,	search a within t			
Racing, and that my failure to comply therewith	ilege, not a right, that any license issued pursuant to this form is su a shall be grounds for immediate voidance or revocation of such license of the Stewards with the knowledge that rulings or decisions of ecy.	cense. By acceptance of a lice	ense, I agree to	o abide			
nereby agree that my license may be revoked	I have read the foregoing form and affirm that every statement of at any time for misstatement or omissions in the foregoing for alatory agency in the jurisdictions in which I am granted a license.						
	powers of the authorized regulatory agency or a written request is which it may so request. This agreement shall extend to anything						
APPLICANT Signature/Date	STEWARD Signature/Date						