

KENTUCKY HORSE RACING COMMISSION

4063 Iron Works Parkway, Bldg B

Lexington, Kentucky 40511

Tollfree 1-877-4KY-RACE (1-877-459-7223)

859-246-2052 Phone 859-246-2039 Fax

WEBSITE: www.khrc.ky.gov

License # _____

License Clerk _____

Check # _____ Cash _____

Credit Card (provide details on back) _____

Steward's Approval (if required) _____

THOROUGHBRED				STANDARD BRED/QUARTERHORSE					
Have you ever had a license in KY? _____ What year? _____				Have you ever held a KY license? _____ What year? _____					
<input type="checkbox"/> Owner - \$150 <input type="checkbox"/> Farm Mgr/Agent-\$50 <input type="checkbox"/> Trainer - \$150 <input type="checkbox"/> Vendor - \$50 <input type="checkbox"/> Owner/Trainer - \$150 <input type="checkbox"/> Veterinary Tech.-\$50 <input type="checkbox"/> Asst. Trainer - \$150 <input type="checkbox"/> Veterinary Asst.-\$50 <input type="checkbox"/> Claiming - \$150 <input type="checkbox"/> Mutuel-\$50 <input type="checkbox"/> Jockey - \$150 <input type="checkbox"/> Authorized Agent-\$25 <input type="checkbox"/> Jockey Agent-\$150 <input type="checkbox"/> Association Employee \$25 <input type="checkbox"/> Veterinarian - \$150 <input type="checkbox"/> Occupational-\$25 <input type="checkbox"/> Farrier-\$100 <input type="checkbox"/> Vendor Employee-\$25 <input type="checkbox"/> Racing Official-\$100 <input type="checkbox"/> Occupational/Vendor Emp.(Special) -\$10 <input type="checkbox"/> Jockey Apprentice-\$100 <input type="checkbox"/> Mutuel (Special) - \$10 <input type="checkbox"/> <input type="checkbox"/> Stable Employee-\$10 <input type="checkbox"/> <input type="checkbox"/> Exercise Rider-\$10 <input type="checkbox"/> <input type="checkbox"/> Steeplechase Jockey - \$150				SB-U.S.T.A _____ Expires: _____ <input type="checkbox"/> SB Owner - \$125 <input type="checkbox"/> SB Veterinary Asst.-\$50 <input type="checkbox"/> SB Trainer - \$125 <input type="checkbox"/> SB/QH Farm Mgr/Agent-\$50 <input type="checkbox"/> SB Owner/Trainer - \$125 <input type="checkbox"/> SB Mutuel-\$50 <input type="checkbox"/> SB Driver - \$125 <input type="checkbox"/> SB/QH Vendor-\$50 <input type="checkbox"/> SB Driver/Trainer - \$125 <input type="checkbox"/> SB Association Employee-\$25 <input type="checkbox"/> SB Owner/Trainer/Driver - \$125 <input type="checkbox"/> SB/Vendor Employee-\$25 <input type="checkbox"/> SB Veterinarian - \$125 <input type="checkbox"/> SB/QH Occ./Vendor Emp.(Special)\$10 <input type="checkbox"/> SB Owner/Driver-\$125 <input type="checkbox"/> SB/Occupational-\$25 <input type="checkbox"/> SB Amateur Driver-\$125 <input type="checkbox"/> SB Authorized Agent \$25 <input type="checkbox"/> SB Assistant Trainer-\$125 <input type="checkbox"/> QH Owner-\$35 <input type="checkbox"/> SB/QH Farrier-\$100 <input type="checkbox"/> QH Trainer/Jcky/Jcky Agt-\$35 <input type="checkbox"/> SB/Racing Official-\$100 <input type="checkbox"/> QH Vet./Asst. Trner/Farrier \$35 <input type="checkbox"/> SB Veterinary Tech.-\$50 <input type="checkbox"/> QH Racing Official \$35 <input type="checkbox"/> <input type="checkbox"/> QH Mutuel \$20 <input type="checkbox"/> <input type="checkbox"/> QH Asso. Emp./Occup.\$10 <input type="checkbox"/> <input type="checkbox"/> SB/QH Stable Employee-\$5					
Last Name		First Name Mr. ___Mrs. ___Ms. ___Other ___		M.I.	Social Security #	Date of Birth	Place of Birth		
Mailing Address				City	State	Zip Code			
Home Phone () ()	Work Phone () ()	Cell Phone () ()	Email	Sex	Height	Weight	Hair	Eyes	Marital Status
Trainer				Employer		Occupation/Duties			
Person to Notify in Emergency			Address		City	State	Phone Number		

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS-ATTACH ADDITIONAL PAGES IF NEEDED FOR EXPLANATIONS

1. Have you ever been convicted of a crime within the past 10 years? (Exclude juvenile violations) Yes _____ No _____ If yes, explain and state resolution and whether you are on probation or parole

2. Has your racing license in any jurisdiction ever been denied, revoked, suspended, or have you withdrawn a license application from any jurisdiction with or without prejudice, or have you paid a fine? Yes _____ No _____ If yes, explain and state whether you are in good standing in jurisdiction issuing violation _____
3. Have you ever had any license issued by the Commonwealth of KY denied, revoked, or suspended? Yes _____ No _____ If yes, explain and state current status of license _____
4. Have you ever been ruled off, ejected, or excluded from a racing association grounds? Yes _____ No _____ If yes, explain and state current status of exclusion _____
5. Have you ever been issued a license in another name? Yes _____ No _____ If yes, provide other names _____
6. Has your spouse, member of your immediate family or other person in a similiar relationship to you ever had a racing license denied, revoked, or suspended, or withdrew an application with or without prejudice? Yes _____ No _____ If yes, explain and state current status _____

PLEASE COMPLETE BACK PORTION OF THE FORM

OWNERS ONLY - STABLE/FARM NAME _____ **LIST OF HORSES** _____

HORSES ARE RUN IN THE NAME OF: _____

TRAINERS ONLY - Number of horses in training _____ Number of Employees _____ (**Attach List of Employees-Required**)

Are you obligated to have worker's compensation covering employee in connection with racing? _____

If yes, indicate company name, _____ Policy Number _____ Expiration Date _____ Name of policy holder _____

Trainers:

At the present time I have no full-time employees or part-time employees. I understand my responsibilities under KRS 342, Section 630, and in the future if I employ anyone, I understand that I must obtain workman's compensation insurance and a copy of said certificate will be forwarded to the Kentucky Horse Racing Commission office. Failure to comply with this law may result in the revocation of my racing license. Please initial the box to the left of this section indicating that you have read this article.

Initial Here _____

ASST. TRAINER ONLY -Name of Trainer you are assistant to _____
Number of horses in your care _____

STABLE EMPLOYEE ONLY: _____ **TRAINER or ASST. TRAINER SIGNATURE REQUIRED**

EXERCISE RIDER ONLY: _____ **STEWARD SIGNATURE REQUIRED**

JOCKEYS AND APPRENTICE JOCKEYS ONLY _____ Name of Agent _____

JOCKEY AGENTS ONLY _____ **JOCKEY SIGNATURE REQUIRED**

ALL APPLICANTS READ AND SIGN AT BOTTOM:

I understand that participation in racing in Kentucky is a privilege not a right. I agree to comply with all rules, regulations, statutes, and steward directives related to Kentucky racing. I authorize KHRC or their agents to conduct a background check to determine my fitness to receive a license, which may include access to public, private and confidential information. I release all providers of information, and release all KHRC employees and agents from any liability related to the release of any information requested by KHRC. I agree that my license may be revoked or suspended by KHRC at any time. I consent to search and inspection by KHRC or its agents to all properties in my possession under the jurisdiction of KHRC or upon which I am conducting any activities related to racing in any investigation of any violation of rules, regulations, statutes, or steward's directives related to Racing under the jurisdiction of KHRC. I consent to seizure of any and all materials which KHRC or its agents determine are relevant to a KHRC investigation. I agree to co-operate in any KHRC investigation. I certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission on this application shall subject me to immediate revocation of any issued license, and all other appropriate penalties under the statutes of the Commonwealth of Kentucky. I agree to "out of competition" drug testing on all race horses which I own or train

Signature/Date

ADD \$7.00 FOR CREDIT CARD PROCESSING FEE

If paying by credit card I authorize KHRC to charge my account for the appropriate license fee plus a \$7.00 processing fee.

CREDIT CARD INFORMATION: _____ Master Card _____ Visa _____ American Express (Check One)

Credit card # _____ Expiration Date _____

Billing address for this card _____

Cardholder's name (as it appears on the card) _____

By my signature, I agree to pay the license fee for this application to KHRA according to my cardholder agreement

Signature _____ Date