

RACE TYPE

ILLINOIS RACING BOARD

Drivers License

HARNES

QUARTERHORSE

THOROUGHBRED

Suite 5-700
James R. Thompson Center
Chicago, Illinois 60601

(The application fee is **NOT** refundable) Horse Racing Act, Section 15.
Disclosure of this information is **REQUIRED**. Failure to provide complete information
may result in your license not being issued or renewed. The application fee is not
refundable and is to be submitted only if you are participating in a race meeting within
the calendar year.

LIC#:

STATE:

VEHICLE INFORMATION

MAKE:

PLATE #:

NEW APPLICANT

RENEWAL

**2015
License Year**

LICENSE APPLICATION FORM

<i>Illinois Racing Board License Office Address:</i>	ARLINGTON PARK 2200 W. EUCLID ARLINGTON HTS, IL 60006 847-255-4300 X7616 847-483-9874 FAX	BALMORAL PARK 26435 S. DIXIE HWY CRETE, IL 60417 708-672-1414 X 213 708-672-4208 FAX	FAIRMOUNT PARK 9301 COLLINSVILLE RD. COLLINSVILLE, IL 62234 618-345-4300 X 143 618-346-5185 FAX	HAWTHORNE RACE COURSE 3501 S. LARAMIE CICERO, IL 60804 708-780-3700 X 3741 708-652-1097 FAX	MAYWOOD PARK 8600 W. NORTH AVE. MELROSE PARK, IL 60160 708-343-4800 X 297 708-681-1864 FAX
--	--	---	--	--	---

\$25 FEE EACH BOX CHECKED **MAIL FEE with APPLICATION to the track in which you will participate**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
OWNER	OWNER - TRAINER	OWNER - TRAINER DRIVER	DRIVER	TRAINER	ASST TRAINER	JOCKEY	APPR JOCKEY	JOCKEY AGENT	VETERINARIAN	VETERINARIAN ASST	BLACKSMITH FARRIER	APPRENTICE BLACKSMITH	OFF TRACK STABLE	VENDOR	VENDER HELPER	AUTHORIZED AGENT	BUSINESS AGENT	PONY PERSON	EXERCISE PERSON	FOREMAN	HOTWALKER	GROOM	RACETRACK EMPLOYEE	INTERTRACK EMPLOYEE	RACING OFFICIAL

1. Last **M** First
Name: _____
MAIDEN NAME: _____

2. Social Security Number: _____

3. ADDRESS (MAILING) _____

16. MARITAL STATUS MARRIED SINGLE

(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE) _____

17. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY: _____

4. TELEPHONE (HOME) _____ BUSINESS: _____

18. SPOUSE'S FULL NAME: _____

FAX: _____

19. ALIEN STATUS (CHECK ONE) USA CITIZEN

MOBILE-CELL: _____ E-MAIL: _____

5. DATE OF BIRTH: _____ 6. SEX: _____ 7. HEIGHT: _____ 8. WEIGHT: _____ 9. HAIR: _____

USA NATURALIZED CITIZEN (ID #) _____

PERMANENT RESIDENT (ID #) _____ EXP: _____

TEMPORARY RESIDENT (PERMIT #) _____

10. EYES: _____ 11. SCARS, MARKS, TATTOOS: _____ 12. COUNTRY OR STATE OF BIRTH: _____

20. IN CASE OF AN EMERGENCY, CONTACT: _____

NAME: _____ PHONE: _____

13. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:

YEAR	POSITION	EMPLOYER

21. HARNESS ONLY: U.S.T.A. ID NUMBER: _____

22. VENDOR'S FEDERAL TAX NUMBER: _____

23. VETERINARIAN'S IL D.P.R. NUMBER: _____ EXPIRATION DATE: _____

24. OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED:

14. YOUR TRAINER'S NAME: _____

15. NAME YOU WISH TO RACE UNDER. LIST STABLES AND PARTNERSHIPS UNDER WHICH YOU ARE RACING:

FBI DATE _____ ISP DATE _____ License Number: _____ License Clerk: _____

FOR IRB USE ONLY Date: _____ Track: _____

NAME:

IF YOU ANSWERED "YES" TO QUESTIONS 25 THRU 30, GIVE THE YEAR, STATE, OFFENSE & DISPOSITION, OR OTHER INFORMATION BELOW:

25. HAVE YOU EVER HAD **ANY** LICENSE, OF **ANY** TYPE DENIED, SUSPENDED OR REVOKED BY **ANY** FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM **ANY** RACETRACK BY A RACING ASSOCIATION OFFICIAL? Yes No

26. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR **ANY** CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING **DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?** Yes No

27. ARE YOU NOW UNDER CHARGES FOR **ANY** CRIMINAL OFFENSE INCLUDING **DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?** Yes No

28. HAVE YOU EVER BEEN THE SUBJECT OF **ANY** RULE VIOLATION IN **ANY** RACING JURISDICTION WHERE YOU WERE FINED MORE THAN \$250.00 OR JOCKEY'S ONLY: SUSPENDED FOR RIDING VIOLATIONS OF 9 DAYS OR MORE? Yes No

29. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT? Yes No

30. HAVE YOU EVER BEEN LICENSED IN **ANY** STATE UNDER A DIFFERENT NAME? Yes No

ATTACH ADDITIONAL SHEET IF NEEDED

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD (11 ILLINOIS ADMINISTRATIVE CODE 210.10).

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS, I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND BY THEM.

IMPORTANT

THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED.

X _____ X _____
APPLICANT'S SIGNATURE DATE

X _____ X _____ X _____
TRAINER'S SIGNATURE TRAINER'S NAME (PRINT) DATE
NOT REQUIRED FOR OWNERS

X _____ X _____ X _____
STATE VETERINARIAN TRACK MANAGEMENT OUTFRIDER

DENIED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE DENIED FOR THE YEAR **2014**:

X _____ X _____ X _____
STATE STEWARD STATE STEWARD ASSOCIATION STEWARD

APPROVED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE APPROVED FOR THE YEAR **2014**:

X _____ X _____ X _____
STATE STEWARD STATE STEWARD ASSOCIATION STEWARD