

**OFFICE USE ONLY:** New or Renewal Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ License # \_\_\_\_\_ F.P. \_\_\_\_\_  
(status)  
 Total Fees \_\_\_\_\_ Receipt/Tran ID # \_\_\_\_\_  
 Cash \_\_\_\_\_ Check # \_\_\_\_\_ M.O. # \_\_\_\_\_ Clerk \_\_\_\_\_  
**Approved by:** \_\_\_\_\_

## Owners Only!



**You may choose between the RCI Multi-Jurisdiction Licensing Program  
 or the National Racing Compact Licensing Program using this form.**



As a racehorse or greyhound owner who may wish to participate in several different racing jurisdictions, you can simplify the process by completing this application for an OWNER'S license and send it to any of the racing jurisdictions listed (see the last page of this form) you'll be racing in. If you have a good background, consider using the National Racing Compact Program, for a single national license that is widely accepted (24 jurisdictions). This form is only for those owners who will not be applying for any other type of license (i.e., trainer, driver, etc.) If you will be applying for another type of license, please contact those jurisdictions or the Compact for an application. Some racing commissions may require additional information from you.

**Please refer to the last page of this form for a list of participating jurisdictions and fee schedule.**

**Check Breed(s)**     Thoroughbred     Standardbred     Quarter Horse     \* Greyhound (\* Use RCI Multi Program only)

1. Applicant Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden
2. Have you ever used an assumed name or been known by another name or been licensed under an assumed or different name? If yes, give name(s)     Yes     No
3. Marital status?    Married \_\_\_\_\_    Single \_\_\_\_\_    Divorced \_\_\_\_\_    Widowed \_\_\_\_\_  
 If married, full name of spouse, including maiden name: \_\_\_\_\_
4. Last licensed in: \_\_\_\_\_  
Year                      Type of License                      Name of State
5. List latest dates fingerprinted and what states printed you: \_\_\_\_\_  
Month & Year(s) Printed                      In what State(s)
6. Telephone numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home #                      Business #                      Fax #
7. Person to be notified in case of emergency: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

8. Social Security No.* <small>Social Insurance No. (Canadians)</small>	Sex	Height	Weight	Color Hair	Color Eyes	Date of Birth	Age
- -						/ /	
						<small>Mo Day Year</small>	

\* Providing Social Security Number may be voluntary and will be used as a secondary identifier; however, some jurisdictions do mandate you provide it.

9. Are you a U.S. Citizen?     Yes     No    If no, what country are you a citizen of? \_\_\_\_\_  
 Place of Birth \_\_\_\_\_    Immigration I.D. number (if applicable) A- \_\_\_\_\_  
City/State
10. USTA/SC Membership Number \_\_\_\_\_ (If applicable)    USTA/SC Membership Exp. Date: \_\_\_\_\_
11. Permanent mailing address: \_\_\_\_\_  
(at which service all papers may be made upon you)                      Street  
 \_\_\_\_\_  
City                      State/Province                      Postal Zip/Country
12. Local address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City                      State/Province                      Postal Zip/Country

13. Give the following information relative to your current employer. If self-employed, so indicate:

\_\_\_\_\_  
 Employment Dates                      Name of Employer                      Address (Street, City, State, Zip)

14. List your occupation here: \_\_\_\_\_ If self-employed, list type of business: \_\_\_\_\_

15. Are you under an obligation to pay child support?  Yes  No If yes, are you 4 months or more in arrears?  Yes  No

**Questions 16(a-h) MUST be answered "yes" or "no". Give details in space provided.**

	Yes	No
16.a. Has your or your spouse's racing license ever been <b>denied, suspended</b> for more than 7 days or <b>revoked</b> ?		
b. Has any other type of license or permit of you or your spouse ever been <b>suspended, denied or revoked</b> ?		
c. Have you ever been <b>expelled, discharged, or ejected</b> from any race track or <b>fined</b> more than \$100?		
d. Have you or your spouse ever been <b>convicted</b> (including by nolo contendere) of, or forfeited bail on, any <b>felony or misdemeanor</b> criminal offense (including DWI or DUI)?		
e. Are there any criminal charges currently pending anywhere against you or your spouse?		
f. Are you or your spouse currently on parole or probation?		
g. Are there any outstanding civil judgments against you or your spouse?		
h. Do you have a position with a race commission, racetrack, political party or in government?		

**For each "yes" above, you must provide full details below (when, where, what). Use a separate sheet if needed.**

Date	State/Track	Specific Violation, Crime, or Debt	Penalty (Sentence w/parole end-date)

**17. Statement of Ownership (including questions 18 & 19)**

**OWNERSHIP:** Number of horses or greyhounds in training ( \_\_\_\_\_ ), listing below those you plan to race this year (and if owned by partners or entity, or leased, so designate.)

Horse/Greyhound Name	Age	Trainer's Full Name	Ownership Name on Registration Papers	% Owned	Breed (T/S/Q/G)

18. If you listed a **Stable Name** or **Ownership Entity** (a partnership, corporation, etc.) as owner of a horse or greyhound under Question 17, please tell us about the **individual persons** under that name holding any interest in those horses or greyhounds. Please check with each state in which you plan to race, or with the Compact (whose licensees can use a single stable/entity form in multiple states), to determine if they require a separate **Stable or Entity** registration form be filed, in addition to this application.

Name	Address (street, city, state & zip)	Name of Horse or Greyhound	% Owned

19. Is your horse leased? \*  Yes  No

\* A copy of the lease agreement(s) must be attached and submitted with this application. Note: Virginia & Michigan require all leases be notarized.

\_\_\_\_\_  
 Name of Lessor (owner)

\_\_\_\_\_  
 Name of Lessee

**If additional space is needed for any answers, please use a separate sheet of paper and submit it with this form.**

20. If you will be appointing an **Authorized Agent**, please list agent's name here: \_\_\_\_\_

21. Are you obligated to have worker's compensation insurance covering employees in connection with racing? If yes, indicate the following:

\_\_\_\_\_  
*Company Name\*      Policy Number      Expiration Date      Name of Policyholder*

\* (A copy of your worker's compensation certificate of insurance must be attached and submitted with this application.)

22. Are you a **New York State** public employee, elected public official, political party officer, or police officer?  
 Yes     No    **IF YES**, contact the NYS Racing Board or [www.racing.state.ny.us](http://www.racing.state.ny.us) for Form PE-1.

I consent to a background investigation and report, including information from personal interviews with third parties (family, business, financial sources, etc.) and of my character and general reputation. I consent to a search within the grounds of any racetrack or racing association of my person and property, including premises and vehicles that I have the right to (or do) occupy or control, and to the seizure of articles related to unlawful conduct. I consent to be subject to the subpoena powers of authorized regulatory agencies and to written requests in lieu thereof, and shall provide any such agency with all information and documents it may request.

I agree that participating in racing is a privilege not a right, that my license is subject to conditions precedent in the rules of racing, that failure to comply with those rules shall be grounds for immediate suspension or revocation of my license, and that rulings in one jurisdiction may be applied in others including directly on my National Racing Compact ("Compact") license.

I agree to abide by all applicable rules and regulations where I race or am licensed, including conflict of interest rules of each jurisdiction, and affirm that my use of my license will not violate them, and I accept that my license may be suspended or revoked at any time for misstatements or omissions I make in my application. When I submit with this application a fingerprint card designating the Compact as an entity to which the Federal Bureau of Investigation ("FBI") is authorized to send my criminal history record report ("CHR"), I agree that I am also authorizing each racing commission (or its equivalent) of a state that is a member of the Compact to receive and retain the criminal history record report and if I fail to indicate on my fingerprint card that the FBI is authorized to send that report to such racing bodies, I authorize the Compact to do so for me. I consent to the Compact keeping my fingerprints on file for later use, such as making a fingerprint submission for any State where I plan to race that seeks my state CHR, for any disciplinary action relating to me, or for renewal of my Compact license, and I authorize those and related uses.

I hereby certify, under penalty of perjury and knowing that false statements herein may be prosecuted as a crime, that I have read the foregoing form and affirm that every statement herein is true and correct.

**Illinois Applicants:** The Illinois Racing 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.

**New York Applicants:** The authority to request personal information from you, including numbers such as Federal social security and Federal employer identification numbers, and the authority to maintain such information is found in Section 5 of the New York Tax Law. Disclosure of this information by you is mandatory. The principal purpose for which the information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or who may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for identification and licensing purposes and for any other purpose authorized by the New York State Racing and Wagering Board which may include use in a multi-state licensing database. An investigative consumer report may be requested in connection with this application. Your signature authorizes the Racing and Wagering Board to obtain such a report. You may ask in writing whether or not a report was requested and the name and address of the consumer reporting agency used.

**NOTE: If using the RCI Multi- Program, please be sure to make copies of this form before signing!**

\_\_\_\_\_  
**\* Signature of Applicant**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail Address** (Optional)

\* Use as a Florida Application Requires the Applicant's signature to be Notarized.

**Instructions for the RCI Multi-State Program** **GENERAL INFORMATION.** All race jurisdictions listed within the fee structure on the next page accept this license application form. For RCI fingerprintcards or additional information, contact RCI headquarters at (859) 224-7070 or visit [www.arci.com](http://www.arci.com). **APPLICATIONS.** Before signing, make a copy of this completed application form for each jurisdiction you'll race in, then sign each copy with your original signature. Deliver or mail one signed copy and the applicable fee(s) to each jurisdiction where you seek an owner's license. **You must send the application and applicable fees to each one; jurisdictions will not forward copies for you.** **FINGERPRINTS.** Some States require first-time licensees to submit a fingerprint card and an extra fee of \$34. If you use an RCI fingerprint card, you only have to submit one fingerprint card to one listed jurisdiction. To have your fingerprint reports sent to the others, where you plan to race, mark those jurisdictions (up to nine) on the back of the RCI fingerprint card. You can be fingerprinted at a racetrack or by the local police or sheriff (bring an RCI fingerprint card with you; most racetracks have a supply). Renewing licensees might be fingerprinted periodically, and will be advised by each jurisdiction. **FEES. Participating jurisdictions' licensing fees are listed on the next page**, with directions to help you properly make out your check(s). **WHERE TO MAIL.** Completed fingerprints and a check or money order (no cash) may be mailed to the racing commission that requires your prints or where you plan next to race. A signed copy of this application and applicable license fee must accompany the completed fingerprint card and fee (for which a separate check may be required). Refer to the fee list schedule to calculate your fees. For RCI fingerprint cards and for further information you can contact RCI at (859) 224-7070 or [www.arci.com](http://www.arci.com). See the next page for instructions on the National Racing Compact licensing program.

