

ILLINOIS RACING BOARD
SUITE 5-700
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CHICAGO, IL 60601



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ILLINOIS RACING BOARD
WORKERS' COMPENSATION AFFIDAVIT

I, _____, Have read and understand the provisions of
(Print Name)
Illinois Racing Board Rule 502.220 (Workers' Compensation). Pursuant to the rule, I
submit this affidavit attesting that I hire no employees in my operation and/or the
maintenance of my stable. I understand that if I hire employees at a later time, I must
comply with the rule and obtain Workers' Compensation or forfeit my license.

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Subscribed and Sworn before me this _____ Day of _____, 20_____

(Notary Public) (seal)

I, _____ and _____
(Trainer's Name) (Spouse/Partner Name)

Share equally in profits and losses incurred in our racing stable.

Signature Date Signature Date