

LICENSE APPLICATION

NEW MEXICO RACING COMMISSION

4900 Alameda Blvd. NE Ste. A, Albuquerque, NM 87113

Please print in ink or type. Answer all questions. If not applicable, so state:
 _____ New _____ Renewal _____ 1 year _____ 3 year

| Official Use Only | |
|----------------------------|------------|
| License No. _____ | |
| Stable Name Lic. No. _____ | |
| Check _____ | Date _____ |

Fingerprint Date _____

| Group A - 3year \$120 / 1year \$100 | Group B - \$100 1year only | Group C - \$75 1year only | Group D - \$35 1year only |
|---|---|--|---|
| <input type="checkbox"/> Apprentice Jockey <input type="checkbox"/> Jockey <input type="checkbox"/> Official Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Practicing Veterinarian <input type="checkbox"/> Racing Veterinarian <input type="checkbox"/> Stable Name* <input type="checkbox"/> Trainer <input type="checkbox"/> Other - <i>Specify</i> _____ | <input type="checkbox"/> Association <input type="checkbox"/> Club - Racetrack <input type="checkbox"/> Concession Operator -Specify- _____ <input type="checkbox"/> Corporate Officer/Director <input type="checkbox"/> General /Asst. General Manager <input type="checkbox"/> Plater <input type="checkbox"/> Private Barn <input type="checkbox"/> Simulcast Operator <input type="checkbox"/> Totalisator Operator <input type="checkbox"/> Track Physician <input type="checkbox"/> Other - <i>Specify</i> _____ | <input type="checkbox"/> Announcer <input type="checkbox"/> Director of Operations <input type="checkbox"/> Director of Racing <input type="checkbox"/> Jockey Agent <input type="checkbox"/> Official Auditor <input type="checkbox"/> Pari Mutuel Manager <input type="checkbox"/> Racing Secretary <input type="checkbox"/> Security Chief <input type="checkbox"/> Simulcast Coordinator <input type="checkbox"/> Stable Superintendent <input type="checkbox"/> Starter <input type="checkbox"/> Track Superintendent <input type="checkbox"/> Other - <i>Specify</i> _____ | <input type="checkbox"/> Assistant Racing Secretary <input type="checkbox"/> Assistant Starter <input type="checkbox"/> Assistant Trainer <input type="checkbox"/> Clerk of Scales <input type="checkbox"/> Clocker/Timer <input type="checkbox"/> Exercise Person <input type="checkbox"/> Horse Identifier <input type="checkbox"/> Horsemen's Bookkeeper <input type="checkbox"/> Jockey Room Custodian <input type="checkbox"/> Outrider <input type="checkbox"/> Paddock Judge <input type="checkbox"/> Placing Judge <input type="checkbox"/> Veterinarian Assistant <input type="checkbox"/> Other - <i>Specify</i> _____ |
| Special Events \$100 1 or 2 days | | | |
| <input type="checkbox"/> Event _____ _____ | | | |

| Group E - \$25 1year only | | | Replacement/Passes \$20 |
|--|--|--|---|
| <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Concession Employee <input type="checkbox"/> Groom <input type="checkbox"/> Janitor <input type="checkbox"/> Jockey Valet <input type="checkbox"/> Laborer | <input type="checkbox"/> Office Personnel <i>Specify</i> _____ <input type="checkbox"/> Pari Mutuel Employee <input type="checkbox"/> Photo/Video Employee <input type="checkbox"/> Pony Person <input type="checkbox"/> Security Staff <input type="checkbox"/> Simulcast Company Employee | <input type="checkbox"/> Totalisator Employee <input type="checkbox"/> Track Maintenance Employee <input type="checkbox"/> Watchman <input type="checkbox"/> Other - <i>Specify</i> _____ | <input type="checkbox"/> Replacement License <input type="checkbox"/> Child Pass <input type="checkbox"/> Spouse Pass |

A \$20.00 Photo Badge Fee Is Included In Above Amounts
 Social Security Number for Child Support Enforcement Purposes

Applicant or Stable Name _____
 Last Name First Name Middle Name

Date of Birth _____ Social Security # _____ State/Driver's License # _____

Age _____ Place of Birth _____ Sex _____ Height _____ Weight _____

Color of Hair _____ Color of Eyes _____ Race _____

Spouse's Name _____
 Last Name First Name Middle Name

Permanent Address _____
 Street and Number City State Zip Code Area Code/Phone #

Local Address _____
 Street and Number City State Zip Code Area Code/Phone #

IN CASE OF EMERGENCY NOTIFY – Nearest Living Relative

 Name Address City State Zip Code Area Code/Phone #

Statement of Ownership:

| Horse Name | Trainer's Name | Ownership Name on Registration Papers | % Owned |
|------------|----------------|---------------------------------------|---------|
| | | | |
| | | | |
| | | | |

*If you selected **Stable Name**, please list names and percent of ownership of all individuals holding any interest in those horses on a separate sheet of paper.

Is it legal for you to work in the United States? _____ Yes _____ No
Passport/Visa No. _____ Expiration date _____

Have you ever been licensed by the New Mexico Racing Commission? _____ Yes _____ No When _____
Has any other Racing Commission or authority ever licensed you? _____ Yes _____ No If yes, explain: _____

Please be very careful in answering the following questions. Providing false information subjects applicant to suspension. Answer yes or no and if yes, provide explanation in additional space provided.

Has your license ever been suspended, denied, revoked or is any complaint pending against you in any racing jurisdiction?
_____ Yes _____ No. If yes, explain: _____

Have you ever been expelled, ejected or denied privileges by any racetrack, or been fined \$200 or more or suspended 10 or more days?
_____ Yes _____ No. If yes, explain: _____

Have you ever been found guilty of any fraud or misrepresentation in connection with racing, or owned, operated a handbook or been employed by and/or associated with a bookmaker, any gambling or other illegal establishment?
_____ Yes _____ No. If yes, explain _____

Have you ever had any NON-RACING permit or license denied, suspended or revoked by any federal, state or local government agency?
_____ Yes _____ No. If yes, explain: _____

Have you ever pleaded guilty, nolo contendere, been convicted; or been fined or forfeited bail for any criminal offense, either felony or misdemeanor (except minor traffic violations); or are criminal charges pending against you in any Court in any State?
_____ Yes _____ No If yes, explain: _____

I, _____, being duly sworn, say that I am the applicant above named; that I have read the foregoing and know the contents thereof; that the same is true of my own knowledge, and is made for the purpose of inducing the New Mexico Racing Commission to issue the license applied for; and I do assent and agree as a condition precedent to receiving said license, I will strictly comply with the Laws of the State of New Mexico and with the New Mexico Administrative Code governing Horse Racing; and further agree that should I fail to comply with the aforementioned my license may be suspended or revoked by the New Mexico Racing Commission. I understand that I am subject to random or for cause testing for the presence of alcohol or controlled substances as provided in Racing Commission Rules.

Signature of Applicant Date

I HEREBY CERTIFY THAT APPLICANT IS EMPLOYED BY ME _____

IF APPLICANT IS UNDER 18 years of age, provide signature of Parent or Legal Guardian below. By signing, the Parent or Legal Guardian gives permission for licensure and accepts responsibility of such licensure, which shall include random drug testing:

Print Name of Parent/Guardian _____ Relationship to Applicant _____
Parent/Guardian SSN: _____ Parent/Guardian's Date of Birth: _____

Signature (must be at time application is made) Date

Steward Approval

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Denial

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|--|--|--|

Faxed Applications must be notarized: State of _____ County of _____ Signed or attested before me this _____ day of _____ 20____. My Commission expires: _____ Notary Public: _____