

# OCCUPATION LICENSE APPLICATION

Oklahoma Horse Racing Commission  
 2401 NW 23 Street, Suite 78, Oklahoma City, OK 73107  
 (405) 943-6472 www.ohrc.org

▼ LICENSE FEES ▼	▼ CIRCLE THE CATEGORY BELOW YOU ARE APPLYING FOR ▼							
\$50 annual -or- \$120 triennial, plus \$41 fingerprint processing fee, if applicable ►	Owner	Owner/ Trainer	Trainer	Jockey	Apprentice Jockey	Blacksmith	Veterinarian	
\$50 annual, plus \$41 fingerprint processing fee, if applicable ►	Assistant Trainer	Owner-Asst. Trainer	Vendor	Jockey Agent	Authorized Agent	Racing Official	Track Management	Bloodstock Agent
\$25 annual, plus \$41 fingerprint processing fee, if applicable ►	Groom/ Hotwalker	Exercise Rider	Pony Rider	Outrider	Asst. Racing Official	Valet	Horse Industry Rep.	(\$10) Civic Organization
	Mutuels	Concessions/ Food Svc.	Security	Admin.	Vet. Assistant	Vendor Employee	General Services: _____	

## 1. APPLICANT

Full Legal Name: LAST, FIRST MIDDLE MAIDEN Nickname, alias, or other name used

Permanent home address at which service of all papers may be made on applicant (Street Address, City, State, Zip) Social Security Number

Mailing address, if different from above (Street Address or P.O. Box, City, State, Zip) Date of Birth Age

Sex	Race	Height	Weight	Eyes	Hair	Place of Birth (City, State, Country)	Country of Citizenship
-----	------	--------	--------	------	------	---------------------------------------	------------------------

Driver's License number and issuing state Passport / Visa / Alien Registration number and expiration date

Daytime area code & phone number Evening area code & phone number Cell area code & phone number

( ) ( ) ( )

Profession or occupation other than horse racing, if any Are you presently practicing veterinary medicine in Oklahoma? If "YES", provide Oklahoma Vet license number.

YES  NO Vet License number: \_\_\_\_\_ expires: \_\_\_\_\_

## 2. BACKGROUND

YES NO Have you ever been convicted of a felony? All convictions must be listed including: date, county, state, offense and sentence. Attach a copy of the court record.

YES NO Have you ever been convicted of a violation of any law regarding gambling or a controlled dangerous substance? All convictions must be listed including: date, county, state, offense and sentence. Attach a copy of the court record.

YES NO Are you currently on any type of probation, parole, supervised release or suspended sentence for a criminal offense? Attach a copy of the court record.

## 3. PRIOR LICENSURE

YES NO Have you ever held a horse racing license in any racing jurisdiction, including Oklahoma? List the state/country, year and license type.

YES NO Have you ever been ineligible for a horse racing license, suspended for more than seven (7) days, had your license revoked, been fined over \$100, ruled off, excluded/ejected, or discharged, from any racing jurisdiction, including Oklahoma? List the date, state/country, nature of violation, suspension, and fine.

## 4. SPOUSE INFORMATION

Spouse's Legal Name: LAST, FIRST MIDDLE MAIDEN Spouse's Social Security Number

YES NO Has your spouse ever held a horse racing license in any racing jurisdiction, including Oklahoma? List the state, country, year and license type.

YES NO Has your spouse's racing license ever been suspended, denied, or revoked in any racing jurisdiction, including Oklahoma? List the date, state/country, nature of violation, suspension, and fine.

OFFICE USE ONLY

New -or- Renewal Yr \_\_\_\_\_

Effective \_\_\_\_\_

Expires **12-31-** \_\_\_\_\_

Track \_\_\_\_\_ Clerk \_\_\_\_\_

FP: \_\_\_\_\_

Lic Rec # \_\_\_\_\_

FP Rec # \_\_\_\_\_

Stew/Agent \_\_\_\_\_

Ruling on file: YES -or- NO

**5. EMPLOYER AT THE RACETRACK (if applicable)**

Print Employers name: \_\_\_\_\_

Employers SSN: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

I am the employer of the license applicant and evidence of Workers' Compensation Insurance or other self-insurance coverage is attached hereto which provides evidence of security for liability for such employee **OR** I have previously filed such evidence with the OHRC providing coverage for the employee **OR** I have signed the OHRC Waiver of Responsibility Statement certifying that the employee does not subject me to liability under the Workers' Compensation Laws of Oklahoma **AND** I have submitted this employee's name to the OHRC.

**6. VENDOR or CIVIC ORGANIZATION APPLICANTS**

I am the responsible license for \_\_\_\_\_ and affirm that all applicable city, county, state and federal requirements, including but not limited to licenses and permits, for conducting business by me and the above-named compan(ies) have been obtained and the applicable license(s) to market all products and/or services offered by us.

Attesting signature \_\_\_\_\_

**7. JOCKEY AGENT or AUTHORIZED AGENT APPLICANTS**

Name of Client	Client's type of license	Representation Beginning Date	Representation Ending Date

**8. WORKERS' COMPENSATION ACT COMPLIANCE (Must be answered by ALL applicants)**

**YES NO** Do you employ any person(s) within the racetrack enclosure at any OHRC-Licensed racetrack?

If "YES", provide the following details and attach a copy of the Certificate(s) of Insurance to this application. Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_, Agent's area code and phone: \_\_\_\_\_, Policy number: \_\_\_\_\_

Expires: \_\_\_\_\_, List all employees and their occupations at OHRC-licensed racetracks covered by the insurance above (attach additional sheet if necessary): \_\_\_\_\_

If "NO", you certify that you have no employees at an OHRC-licensed racetrack which would subject you to liability under Workers' Compensation laws of the State of Oklahoma; and if at a later date, facts change to subject you to any liability you shall immediately notify the Commission and furnish evidence of security for such liability as provided by the Rules of Racing of the Oklahoma Horse Racing Commission. See OAC 325:15-5-19.

**9. TRAINER or OWNER/TRAINER APPLICANTS (Attach additional sheet if necessary)**

Horse's Name	Age	Breed	Where Stabled	Ownership Name on Certificate of Registration

**10. OWNER, OWNER/TRAINER or OWNER/ASST. TRAINER APPLICANTS (Attach additional sheet if necessary)**

Horse's Name	Age	Breed	Trainer's Full Name	Ownership Name on Certificate of Registration	Leased?

**11. UNDER 18 YEARS OF AGE**

- Owner applicants *under age 18* require signature of parent or legal guardian.
- Owner applicants *under age 16* also require the parent/legal guardian to be licensed concurrently by the OHRC as an **Authorized Agent**.

Print name of parent/legal guardian: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Parent/Legal guardian's SSN: \_\_\_\_\_ Parent/Legal Guardian's date of birth: \_\_\_\_\_

**By signing, I give permission for licensure of this minor and assume full responsibility, including financial responsibility, for such licensure.**

Signature of above-named parent/legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

**12. COMPLIANCE STATEMENT (Must be signed by ALL applicants)**

By the acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission, the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and consent to any provisions which may be contained in them for search, within the enclosure of an organization licensee, of any premise which I may occupy or control or have the right to occupy or control and my personal property and effects including a personal search, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission or racetrack rule. I hereby request and authorize the Oklahoma Horse Racing Commission to conduct an official investigation of my personal history and background. I understand that any investigation, the application, and any information submitted with relation to my application, are subject to the Open Records Act of Oklahoma and shall be treated in accordance as such. I understand that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access or reasonable expectation that this information will be kept from public access. I hereby certify that I understand the above statements and further authorize all consumer reporting agencies to release to the Commission any information requested by the Commission in connection with the background investigation and processing of this application. I hereby certify that all statements herein are complete and true. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial or revocation of this license and/or other disciplinary action by a Board of Stewards and/or the Commission. I have read and understand the above statements and conditions and knowingly and voluntarily attach my signature hereunto.

Applicant's Signature (or Authorized Agent for Applicant under age 16 years)

Notary Public (or OHRC-Representative if applicant appears in person)

(NOTARY SEAL)

ID Verified

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission expires: \_\_\_\_\_

# AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

## Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Horse Racing Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Commission's licensing offices are staffed with notaries who are available to provide notary service at no cost to the applicant when applying in person. **This affidavit must be notarized at time of signature.**

### **Option 1** – Verification of U.S. Citizenship

Affidavit of:

\_\_\_\_\_, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows: **I am a United States Citizen.**  
(Applicant's Name)

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

My Commission Expires: \_\_\_\_\_ NOTARY

### **Option 2** – Verification of Qualified Alien Status in the U.S.

Affidavit of:

\_\_\_\_\_, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows: **I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States.**  
(Applicant's Name)

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

My Commission Expires: \_\_\_\_\_ NOTARY