

Virginia Racing Commission (VRC)  
10700 Horsemens Road  
New Kent, VA 23124  
www.vrc.virginia.gov



(804) 663-7701

Email application to:  
VRCLicense@vrc.virginia.gov

RACE TYPE:  Harness  Thoroughbred  Steeplechase

LICENSE TYPE:  Owner  Trainer  Jockey  Driver  Rider  Stable/LLC/Estate  Exercise Rider  Assistant Trainer  Groom  
 Pony Person  Veterinarian  Veterinarian Tech  Other \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
Last First Middle (Jr, Sr., etc.)

Other Names (maiden/other) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH (State or Country) \_\_\_\_\_

Are you a Citizen or a Naturalized Citizen of the United States?  Yes  No If no, what country? \_\_\_\_\_ Immigration # \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PERMANENT MAILING ADDRESS: It is the sole responsibility of the licensee to notify the Racing Commission of a change in mailing address.

\_\_\_\_\_  
Street or P.O. Box Apt/Suite

\_\_\_\_\_  
City State/Province Postal Zip/Country

PHONE NUMBER \_\_\_\_\_ E-Mail \_\_\_\_\_

**Intentionally or recklessly providing false information concerning criminal history background will result in an invalid license. Any Outstanding Warrants found during the background investigation will result in an invalid license. Fingerprints are sent to the State Police and FBI as part of our background investigation.**

1. In the past five years, have you plead guilty or no contest, been found guilty, convicted, or fined for three or more misdemeanors, including driving under the influence or reckless driving? .....  Yes  No
2. In the past five years, have you plead guilty or no contest, been found guilty, convicted, or fined for any felony?  Yes  No
3. Have you ever plead guilty or no contest, been found guilty, convicted, or fined for any of the following felonies?  Yes  No
  - Violent offenses including but not limited to murder, rape, forcible sodomy, crimes against nature, or assault/maiming; or
  - Burglary offenses; or
  - Arson offenses.
4. Are any criminal charges or complaints pending against you, including driving under the influence or reckless driving? .....  Yes  No

**IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 1, 2, or 3, YOU ARE NOT ELIGIBLE FOR A LICENSE WITH THE VIRGINIA RACING COMMISSION.**

**IF YOU ANSWERED "YES" TO QUESTION #4 – PROVIDE AN EXPLANATION; ATTACH ADDITIONAL PAGES IF NECESSARY.**

Charges (s):

\_\_\_\_\_  
Date arrested/charged:

\_\_\_\_\_  
Agency that arrested/charged you:

\_\_\_\_\_  
Severity (Misdemeanor/Felony):

**It is the sole responsibility of the licensee to report within ten days to the Virginia Racing Commission of any arrest, charge, or conviction while holding a permit.**

**OWNERS – PLEASE PROVIDE THE FOLLOWING INFORMATION**

How is ownership listed on the official race program? \_\_\_\_\_

Who is your Virginia licensed trainer? \_\_\_\_\_

Do you intend to register an authorized agent?  Yes  No If yes, name \_\_\_\_\_

Do you race under a stable/LLC/Estate name or any other names?  Yes (choose "License Type" "Stable/LLC/Estate" on page 1)  No

If yes, what name? \_\_\_\_\_

List the names of partners with an interest of five percent (5%) or more of the **Stable/LLC/Estate** name:

	% Owned		% Owned

List the names of horses that you plan to race (attach additional pages if necessary):

Name of Horse(s)	% Owned	Name(s) of Other Owner(s) or Anyone With an Interest in the Named Horse	% Owned

**TRAINERS – PLEASE PROVIDE THE FOLLOWING INFORMATION**

List the names of owners you are training for in Virginia (attach additional pages if necessary):

Name of Owner (Last, First, Middle Initial)	Address (City, State, Zip Code, Country)

List the names of grooms working for you in Virginia (attach additional pages if necessary):

Name of Groom (Last, First, Middle Initial)	Address (City, State, Zip Code, Country)

**OWNERS/TRAINERS/JOCKEYS/DRIVERS – PLEASE PROVIDE THE APPLICABLE INFORMATION**

HISA # \_\_\_\_\_ or USTA # \_\_\_\_\_

**ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING**

I am knowledgeable about the regulations of the Virginia Racing Commission, and I agree to abide by the regulations of the Commission as well as the rulings of the stewards unless reversed or modified by the Commission. By submitting this application, I irrevocably consent to a search and seizure of any drugs, stimulants, narcotics, hypodermic syringes, or other similar devices, and any batteries, which could be used to affect the speed or action of any horses. I also hereby irrevocably consent to the right of Commission personnel to enter buildings, stables, rooms, autos, or other places within the enclosure, as defined by the regulations of the Commission, to examine them, and to inspect and examine my personal property and effects. I recognize that by refusing the consent to such searches and seizures that I am subject to disciplinary action. I hereby certify that I have read this application and affirm that every statement here is true and correct to the best of my knowledge and belief. I do hereby agree that my permit will be considered invalid at any time for misstatements or omissions in this application. I hereby agree to be subject to the subpoena powers of the Virginia Racing Commission, or a written request issued in lieu of a subpoena, and provide the Commission with any and all information or documentation which it may request. This agreement shall extend to anything which relates to any matter which is the subject of a Commission hearing or investigation.

**UNDER 18 YEARS OF AGE (if applicable)**

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

**Signature of parent / legal guardian:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**GROOMS (If you are not on the Trainer’s list of grooms, the Trainer must sign your application)**

**Trainer Name (Print)** \_\_\_\_\_ **Trainer Signature** \_\_\_\_\_

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

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FOR RACING COMMISSION USE ONLY:

Application Reviewed (initial) \_\_\_\_\_ Interviewed – if needed (initial/date) \_\_\_\_\_  Approved  Denied

Processed by (initial) \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_

Fingerprints Needed  Yes  No Live Scan  Fingerprint Card

Check # \_\_\_\_\_ Credit Card (last four #) \_\_\_\_\_  Billing \_\_\_\_\_