

**Virginia Racing Commission**  
 5707 Huntsman Road, Suite 201 B  
 Richmond, Virginia 23250  
 804-966-7400

Date: _____ Amount: _____
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Credit
Fingerprints: <input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name: \_\_\_\_\_  
 First Middle Last DOB: MM/DD/YYYY

Address: \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code Email Address

Phone: \_\_\_\_\_ Stable/LLC/Estate: \_\_\_\_\_

Permit Type(s) \_\_\_\_\_ Employer: \_\_\_\_\_ USTA # (Harness): \_\_\_\_\_

Are you a citizen of the United States?  Yes  No\* If no, citizen of \_\_\_\_\_ Immigration # \_\_\_\_\_  
 \*PLEASE PROVIDE A COPY OF IMMIGRATION STATUS

Have you **ever** had a racing license or permit denied, suspended or revoked, or is a complaint pending in any racing jurisdiction?  
 Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you **ever** pleaded guilty, pleaded no contest, been found guilty, convicted, forfeited bail or been fined for any criminal offence, either a felony or misdemeanor, including driving under the influence of alcohol and/or drugs?  
 Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all persons, corporations or other legal entities holding any interest horses you own:

Name	Horse Name	Interest

*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 to the seizure of any drugs, stimulants, narcotics, hypodermic syringes, or either similar devices, and any batteries, which could be used to affect the speed or action of a horse. I also irrevocably consent to the right of commission personnel to enter into, or upon 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 actions.*

*I understand that the Virginia Racing Commission will keep my fingerprints taken in connection with this application on file for possible later use for such purposes as renewal of my Virginia Racing License or any disciplinary action that may be taken with regard to that license, and I authorize the Virginia Racing Commission to do so.*

*I certify that I have read this application and affirm that every statement here is in true and correct to the best of my knowledge and belief. I do agree that my permit may be revoked at any time for misstatements or omissions in this application.*

*I 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.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant's Supervisor (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight	Height	Eye Color	Hair Color	Birth Place
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\*\*\*ONLY COMPLETE DEMOGRAPHICS SECTION IF SUBMITTING FINGERPRINTS\*\*\*