

Virginia Racing Commission

10700 Horsemens Road New Kent, Virginia 23124 Phone: (804) 966-7404 www.vrc.virginia.gov

RACE TYPE:	ess	☐ Steeplechase				
LICENSE TYPE: □Owner	r □Trainer □Jockey □D	river □Rider □Stable/LLC	/Estate DExercise Rider	☐Assistant Trainer		
	•					
□Groom □Pony Person	□Veterinarian □Veterinaria	n Tech UOther				
APPLICANT NAME	Last Name		Middle	(I C)		
OTHER NAME (Maiden/otl	her)	Name		(Jr, Sr., etc.)		
	- ,					
DATE OF BIRTH	AGE	PLACE OF BIRTH (S	State or Country)			
	uralized Citizen of the United					
If no, what country?			Inmigration #			
RaceSex	Eyes Color_	Hair Color	Height	Weight		
Street or I	P.O. Box #	Apt/Su	ite	City		
State/Provence		P				
Phone Number			ostal Zip/Country			
Intentionally or reckless	ly providing false information	on concerning criminal histo	ory background will resu	lt in an invalid licen	se.	
•	nts found during the backg	•	ılt in an invalid license. F	ingerprints are sen	t to the	
State Police and FBI as p	part of our background inve	stigation.				
1. In the past five year	ars, have you plead guilty or no	contest, been found guilty, convi	cted, or fined for three or mo	ore		
misdemeanors, inc	misdemeanors, including driving under the influence or reckless driving?					
2. In the past five years, have you plead guilty or no contest, been found guilty, convicted, or fined for any felony?						
3. Have you ever plead guilty or no contest, been found guilty, convicted, or fined for any of the following felonies? ☐ Yes ☐ No						
	es including but not limited to m		_			
Burglary offen	_	, <u>,</u> ,		۵, -		
Arson offenses						
4. Are any criminal of	charges or complaints pending ag	gainst you, including driving und	ler 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 y	ou:								
Severity (Misdemeanor/Felony):								
It is the sole responsibility of holding a permit.	the licensee to repor	t within t	en days to the V	Virginia l	Racing Com	mission of an	y arrest, charge	, or convi	ction while
	OWNERS – P	LEASE I	PROVIDE THE	E FOLLO	OWING INF	ORMATION			
How is ownership listed on th	e official race progr	am?							
Who is your Virginia licensed	trainer?								
Do you intend to register an a	uthorized agent? \Box	I YES □	NO If yes, I	Name:					
Do you race under a stable/Ll									
·		•		Ì		Type Stable	TLLC/Estate	m page 1)) Ш 110
If yes, what Name?	 								
List the names of partners wi Name of partners (la		percent (5%) or more o %Owned	of the Stal	ble/LLC/Est	ate:			%Owned
List the names of horses that	you plan to race (att	ach addit	ional pages if n	necessary	7)				
Name of Horse(s)	% Owned		Name(s) of Other	Owner(s) o	r Anyone with	an Interest in th	e Named Horse:		% Owned
	TRAINERS - PL	EASE PR	OVIDE THE I	FOLLOW	VING INFO	RMATION			
List the names of owners you a	re training for in Vi	rginia (at	tach additional	al nages if	necessary):				
Name of Owner (Last, F	_			F8		ty, State, Zip Cod	e, Country)		
List the names of grooms worl	king for you in Virgi		ı additional paş	ges if nec		Address (City, Sta	ite, Zip Code, Coui	ntry)	
<u> </u>									



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

HISA#	or USTA #
111971	01 0511111

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.

1	by and all information or documentation which it may reshe subject of a Commission hearing or investigation.	equest. This agreement shall extend to
	UNDER 18 YEARS OF AGE (if applicable)	
By signing, I give my permission for licensure of t	this minor and assume full responsibility, including financial	I responsibility, for such licensure.
Signature of parent / legal guardian:	Relation:	
GROOMS (If you are not on the Trainer's list of a	grooms, the Trainer must sign your application).	
Trainer Name (Print):		
Trainer Signature:		
completion of all background investigations	at the permit being requested is provisional in nature is as required by the Virginia Racing Commission. Foval of the applicant's eligibility, including but not li	Issuance of a permanent permit is
Signature of Applicant:	Date	
FOR RACING COMMISSION USE ONLY:		
Application Reviewed by (initial)	Interviewed – if needed (initial/date)	_
Processed by (initial) Fee	Date	
Fingerprints Needed	FieldPrint ☐ Live Scan ☐	Fingerprint Card □

