	inia Racing Comm ' Huntsman Road, Richmond, VA ' www.vrc.virgini	Suite 201-B 23250		804-966 email appli VRCLicense@vrc	cation to:
BREED (Ho	orsemen Only): 🗌 Ha	arness 🛛 Thoroughbr	ed 🛛 Steeplechase		
LICENSE TY	YPE: 🗆 Owner 🗆 Ti	rainer 🛛 Jockey 🗆 Dr	river 🗆 Rider 🗆 Stable/Ll	LC/Estate 🛛 Exercise Rid	er 🗆 Assistant Trainer 🛛 Groom
□ License	e Employee 🗆 VEA Er	mployee 🛛 Gold Cup E	mployee 🛛 Vendor Emplo	yee 🛛 Other	
ACCESS TY	PE (Licensee Employ	ees Only): 🛛 Front sid	e 🗆 Backside 🗆 All Access	Approved By:	
APPLICAN					
	Last		First	Middle	(Jr, Sr., etc.)
DATE OF B	BIRTH	AGE	PLACE OF BIRTH (Stat	e or Country)	
Are you a (Citizen or Naturalized	l Citizen of the United S	tates? 🗆 Yes 🗆 No If no, w	/hat country?	Immigration #
RACE	SEX	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
	City		State/Provence	Pc	ostal Zip/Country
PHONE NU	JMBER	E-Mai	il		
providing found du	g false information	concerning criminal d investigation will r	history background will ı	result in an invalid lice	ions. Intentionally or recklessly nse. Any Outstanding Warrants t to the State Police and FBI as part
	ckground investiga	tion.		e. ringerprints are sen	to the state ronce and ron as part
1. Have			suspended, or revoked?		
2. Have	e you <u>EVER</u> had a ra e you <u>EVER</u> plead g	acing license denied, juilty or no contest, b	suspended, or revoked?	ed, or fined for any crir	ninal offense, either a felony or
2. Have misd	e you <u>EVER</u> had a ra e you <u>EVER</u> plead g emeanor, including	acing license denied, guilty or no contest, b gdriving under the inf	suspended, or revoked? een found guilty, convict	red, or fined for any crir ol?	ninal offense, either a felony or
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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" on page 1)

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 FOLLOWING INFORMATION

Please provide your HISA # ______ or USTA # ______ 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 of action of any horses. I also hereby irrevocably consent to the right of Commission personnel to enter late, 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 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 may 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: ______ Relation: ______

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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

FOR RACING COMMISSION USE ONLY:

Application Reviewed (initial)	Interviewed – if needed (initial/date) _	🗆 Approved 🗆 Denied
Processed by (initial)	Fee Date	
Fingerprints Submitted 🛛 Yes	□ No Fingerprint Status	
Cash Check #	_	□ Billing